## Case 18-74429 Doc 1 Filed 12/17/18 Entered 12/17/18 16:42:29 Desc Main Document Page 1 of 66

| Fill in this information to identify your case: |                               |                                   |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the:         |                               |                                   |
| EASTERN DISTRICT OF VIRGINIA- NORFOLK DIVISION  |                               |                                   |
| Case number (if known)                          | Chapter you are filing under: |                                   |
|   | ☐ Chapter 7                   |                                   |
|   | ☐ Chapter 11                  |                                   |
|   | ☐ Chapter 12                  |                                   |
|   | Chapter 13                    | ☐ Check if this an amended filing |

### Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself   |   |   |  |  |  |  |
|-----|--|---|---|--|--|--|--|
|     |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):                     |  |  |  |  |
| 1.  | Your full name   |   |   |  |  |  |  |
|     | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee. | Mitzi First name  Jo Middle name  Ilagan Last name and Suffix (Sr., Jr., II, III) | First name  Middle name  Last name and Suffix (Sr., Jr., II, III) |  |  |  |  |
|     |  |   |   |  |  |  |  |
| 2.  | All other names you have used in the last 8 years Include your married or maiden names.  | FKA Mitzi Jo Suders<br>FKA Mitzi Jo Mattox  |   |  |  |  |  |
| 3.  | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)  | xxx-xx-4991   |   |  |  |  |  |

Case 18-74429 Doc 1 Filed 12/17/18 Entered 12/17/18 16:42:29

Document Page 2 of 66 Desc Main

Case number (if known)

Debtor 1 Mitzi Jo Ilagan

|  |   | About Debtor 1:   | 4 | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |  |
|--|---|---|---|--|--|--|--|
| 4. Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years |   | ■ I have not used any business name or EINs.  |   | ☐ I have not used any business name or EINs.   |  |  |  |
|  | Include trade names and doing business as names | Business name(s)  | Ī | Business name(s)   |  |  |  |
|  |   | EINs  | 1 | EINs   |  |  |  |
| 5.   | Where you live                                  |   | ı | If Debtor 2 lives at a different address:  |  |  |  |
|  |   | 3173 Nansemond Loop<br>Virginia Beach, VA 23456   |   |  |  |  |  |
|  |   | Number, Street, City, State & ZIP Code  | Ī | Number, Street, City, State & ZIP Code   |  |  |  |
|  |   | Virginia Beach Cit  |   |  |  |  |  |
|  |   | County  | ( | County   |  |  |  |
|  |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | i | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |  |  |
|  |   | Number, P.O. Box, Street, City, State & ZIP Code  | Ī | Number, P.O. Box, Street, City, State & ZIP Code   |  |  |  |
| 6.   | Why you are choosing this district to file for  | Check one:  |   | Check one:   |  |  |  |
|  | bankruptcy                                      | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                |   | Over the last 180 days before filing this petition, I<br>have lived in this district longer than in any other<br>district.                 |  |  |  |
|  |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | 1 | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)  |  |  |  |
|  |   |   |   |  |  |  |  |

Entered 12/17/18 16:42:29
Page 3 of 66 Case 18-74429 Doc 1 Filed 12/17/18 Desc Main

Document Case number (if known) Debtor 1 Mitzi Jo Ilagan

| 7.  | The chapter of the   | Chacl | kone (For a h                 | rief description of each see Mo                                     | tice Required h                       | y 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy   |
|-----|--|-------|-------------------------------|---|---------------------------------------|--|
| ٠.  | Bankruptcy Code you are  |       |                               | go to the top of page 1 and che                                     |                                       |  |
|     | choosing to file under   | ☐ Ch  | napter 7                      |   |                                       |  |
|     |  | ☐ Ch  | napter 11                     |   |                                       |  |
|     |  | ☐ Ch  | napter 12                     |   |                                       |  |
|     |  | ■ Cł  | napter 13                     |   |                                       |  |
| 8.  | How you will pay the fee   |       | about how yo                  | u may pay. Typically, if you are attorney is submitting your payr   | paying the fee                        | eck with the clerk's office in your local court for more details yourself, you may pay with cash, cashier's check, or money half, your attorney may pay with a credit card or check with   |
|     |  |       |                               | the fee in installments. If you e in Installments (Official Form    |                                       | tion, sign and attach the Application for Individuals to Pay   |
|     |  |       | but is not requapplies to you | uired to, waive your fee, and ma<br>r family size and you are unabl | y do so only if y<br>e to pay the fee | on only if you are filing for Chapter 7. By law, a judge may, your income is less than 150% of the official poverty line that in installments). If you choose this option, you must fill out ficial Form 103B) and file it with your petition. |
|     |  |       |                               |   |                                       |  |
| 9.  | Have you filed for<br>bankruptcy within the<br>last 8 years?   | ■ No  |                               |   |                                       |  |
|     |  |       | District                      |   | When                                  | Case number  |
|     |  |       | District                      |   | When                                  | Case number  |
|     |  |       | District                      |   | When                                  | Case number  |
| 10. | Are any bankruptcy   | ■ No  | <u> </u>                      |   |                                       |  |
|     | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | □ Ye  | S.                            |   |                                       |  |
|     |  |       | Debtor                        |   |                                       | Relationship to you  |
|     |  |       | District                      |   | When                                  | Case number, if known  |
|     |  |       | Debtor                        |   |                                       | Relationship to you  |
|     |  |       | District                      |   | When                                  | Case number, if known  |
| 11. | Do you rent your residence?  | ■ No  | Go to li                      | ne 12.  |                                       |  |
|     |  | ☐ Ye  | s. Has yo                     | ur landlord obtained an eviction                                    | judgment agair                        | nst you?   |
|     |  |       |                               | No. Go to line 12.  |                                       |  |
|     |  |       |                               | Yes. Fill out <i>Initial Statement A</i> this bankruptcy petition.  | bout an Evictioi                      | Judgment Against You (Form 101A) and file it as part of  |

Debtor 1 Mitzi Jo Ilagan Document Page 4 of 66 Case number (if known)

| Pari | Report About Any Bu   | sinesses ' | You Own   | as a Sole Proprie  | tor   |  |  |
|------|---|------------|---|--|---|--|--|
| 12.  | Are you a sole proprietor of any full- or part-time business?   | ■ No.      | Go to   | Part 4.  |   |  |  |
|      |   | ☐ Yes.     | ☐ Yes. Name and location of business  |  |   |  |  |
|      | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |            | Name  | of business, if any  |   |  |  |
|      |   |            |   | er, Street, City, Sta  | e & ZIP Code  |  |  |
|      | it to this petition.  |            | Check   | Check the appropriate box to describe your business:   |   |  |  |
|      |   |            |   | Health Care Busin  | ness (as defined in 11 U.S.C. § 101(27A))   |  |  |
|      |   |            |   | Single Asset Real  | Estate (as defined in 11 U.S.C. § 101(51B))   |  |  |
|      |   |            |   | Stockbroker (as d  | efined in 11 U.S.C. § 101(53A))   |  |  |
|      |   |            |   | Commodity Broke  | r (as defined in 11 U.S.C. § 101(6))  |  |  |
|      |   |            |   | None of the above  |   |  |  |
| 13.  | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?   | deadlines  | court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of ederal income tax return or if any of these documents do not exist, follow the procedure |  |   |  |  |
|      | For a definition of small   | ■ No.      | I am n  | ot filing under Chap   | ter 11.   |  |  |
|      | business debtor, see 11 U.S.C. § 101(51D).  | □ No.      |   | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. |   |  |  |
|      |   | ☐ Yes.     | I am fi   | ling under Chapter   | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |  |  |
| Pari | 4: Report if You Own or   | Have Anv   | Hazardo   | us Property or An  | y Property That Needs Immediate Attention   |  |  |
|      | Do you own or have any  | ■ No.      |   | .,,,,,   | , ,, ,  |  |  |
|      | property that poses or is   |            |   |  |   |  |  |
|      | alleged to pose a threat<br>of imminent and<br>identifiable hazard to   | ☐ Yes.     | What is t   | the hazard?  |   |  |  |
|      | public health or safety? Or do you own any property that needs immediate attention?   |            |   | iate attention is why is it needed?  |   |  |  |
|      | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |            | Where is  | the property?  |   |  |  |
|      | •   |            |   |  | Number, Street, City, State & Zip Code  |  |  |

Debtor 1 Mitzi Jo Ilagan Document Page 5 of 66 Case number (if known)

Part 5: Ex

Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb  | tor 1 Mitzi Jo Ilagan   |                              | Document   | Paye 0 01 00                                     | Case number (if ki  | nown)  |  |  |  |
|------|---|------------------------------|--|--|---------------------|--|--|--|--|
| Part | 6: Answer These Quest   | ions for Repo                | rting Purposes   |  |                     |  |  |  |  |
| 16.  | What kind of debts do you have?                                     |                              | e your debts primarily consum<br>dividual primarily for a personal, fa   |  |                     | n 11 U.S.C. § 101(8) as "incurred by an  |  |  |  |
|      |   |                              | No. Go to line 16b.  |  |                     |  |  |  |  |
|      |   |                              | Yes. Go to line 17.  |  |                     |  |  |  |  |
|      |   |                              | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. |  |                     |  |  |  |  |
|      |   |                              | No. Go to line 16c.  |  |                     |  |  |  |  |
|      |   |                              | Yes. Go to line 17.  |  |                     |  |  |  |  |
|      |   | 16c. St                      | ate the type of debts you owe tha  | t are not consumer de                            | ebts or business de | bts  |  |  |  |
| 17.  | Are you filing under Chapter 7?                                     | ■ No. I a                    | m not filing under Chapter 7. Go   | to line 18.                                      |                     |  |  |  |  |
|      | Do you estimate that after any exempt property is excluded and      |                              | m filing under Chapter 7. Do you<br>e paid that funds will be available  |  |                     | is excluded and administrative expenses  |  |  |  |
|      | administrative expenses   |                              | No   |  |                     |  |  |  |  |
|      | are paid that funds will be available for distribution to unsecured |                              | Yes  |  |                     |  |  |  |  |
|      | creditors?  |                              |  |  |                     |  |  |  |  |
| 18.  | How many Creditors do   | <b>1</b> -49                 |  | □ 1,000-5,000                                    |                     | □ 25,001-50,000  |  |  |  |
|      | you estimate that you owe?  | □ 50-99                      |  | ☐ 5001-10,000<br>☐ 10,001-25,000                 |                     | ☐ 50,001-100,000   |  |  |  |
|      |   | □ 100-199<br>□ 200-999       |  | <b>1</b> 0,001-25,000                            |                     | ☐ More than100,000   |  |  |  |
| 19.  | How much do you   | □ \$0 - \$50,000             |  | □ \$1,000,001 - \$10 r                           | million             | □ \$500,000,001 - \$1 billion  |  |  |  |
|      | estimate your assets to be worth?                                   | □ \$50,001 -                 |  | □ \$10,000,001 - \$50                            |                     | ☐ \$1,000,000,001 - \$10 billion   |  |  |  |
|      |   | \$100,001                    | φοσο,σσο   | □ \$50,000,001 - \$100 m □ \$100,000,001 - \$500 |                     | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion                     |  |  |  |
|      |   | □ \$500,001                  | □ \$500,001 - \$1 million □ \$100,000,001 - \$500 million □ More than \$50 billi   |  |                     |  |  |  |  |
| 20.  | How much do you   | □ \$0 - \$50,0               | 000  | □ \$1,000,001 - \$10 r                           | million             | ☐ \$500,000,001 - \$1 billion  |  |  |  |
|      | estimate your liabilities to be?                                    | \$50,001                     |  | □ \$10,000,001 - \$50                            |                     | □ \$1,000,000,001 - \$10 billion   |  |  |  |
|      |   | □ \$100,001<br>■ \$500.001   |  | □ \$50,000,001 - \$10<br>□ \$100,000,001 - \$5   |                     | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion                     |  |  |  |
|      |   | \$500,001                    | - \$1 million  | <b>—</b> \$100,000,001 \$40                      |                     | La More than \$50 billion  |  |  |  |
| Part | 7: Sign Below   |                              |  |  |                     |  |  |  |  |
| For  | you   | I have exam                  | ned this petition, and I declare ur  | nder penalty of perjury                          | that the informatio | n provided is true and correct.  |  |  |  |
|      |   |                              | sen to file under Chapter 7, I am a<br>s Code. I understand the relief av  |  |                     | er Chapter 7, 11,12, or 13 of title 11,<br>e to proceed under Chapter 7.       |  |  |  |
|      |   |                              | represents me and I did not pay<br>have obtained and read the notic  |  |                     | attorney to help me fill out this  |  |  |  |
|      |   | I request reli               | ef in accordance with the chapter  | of title 11, United Stat                         | tes Code, specified | d in this petition.  |  |  |  |
|      |   | bankruptcy of and 3571.      | ase can result in fines up to \$250  |  |                     | perty by fraud in connection with a<br>, or both. 18 U.S.C. §§ 152, 1341, 1519 |  |  |  |
|      |   | /s/ Mitzi Jo<br>Mitzi Jo IIa |  | Signa  | ature of Debtor 2   |  |  |  |  |
|      |   | Signature of                 |  | S  |                     |  |  |  |  |
|      |   | Executed on                  | December 17, 2018  | Exec   | cuted on            |  |  |  |  |
|      |   |                              | MM / DD / YYYY   |  | MM / DD             | O / YYYY   |  |  |  |

Debtor 1 Mitzi Jo Ilagan Page 7 of 66 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Jennife            | er T. Langley, Esq VSB   | Date          | December 17, 2018           |
|------------------------|--------------------------|---------------|-----------------------------|
| Signature of           | Attorney for Debtor      |               | MM / DD / YYYY              |
| Jennifer T             | . Langley, Esq VSB 81454 |               |                             |
| Inman & S              | Strickler, P.L.C.        |               |                             |
| 575 Lynnh<br>Suite 200 | naven Parkway            |               |                             |
|                        | each, VA 23452-7350      |               |                             |
| Number, Street,        | City, State & ZIP Code   |               |                             |
| Contact phone          | 757-486-7055             | Email address | jlangley@inmanstrickler.com |
| 81454 VA               |                          |               |                             |
| Bar number & S         | tato                     |               |                             |

| Debtor 1           | Mitzi Jo Ilagan          |                    |                              |
|--------------------|--------------------------|--------------------|------------------------------|
|                    | First Name               | Middle Name        | Last Name                    |
| Debtor 2           |                          |                    |                              |
| Spouse if, filing) | First Name               | Middle Name        | Last Name                    |
| United States Ba   | ankruptcy Court for the: | EASTERN DISTRICT C | F VIRGINIA- NORFOLK DIVISION |
|                    |                          |                    |                              |
| Case number _      |                          |                    |                              |

☐ Check if this is an amended filing

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Par | t 1: Summarize Your Assets   |             |                           |
|-----|--|-------------|---------------------------|
|     |  |             | assets<br>of what you own |
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$          | 353,200.00                |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$          | 49,965.81                 |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$          | 403,165.81                |
| Par | t 2: Summarize Your Liabilities  |             |                           |
|     |  |             | iabilities<br>nt you owe  |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$          | 452,356.10                |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$          | 0.00                      |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$          | 90,388.92                 |
|     | Your total liabilities   | \$          | 542,745.02                |
| Par | t 3: Summarize Your Income and Expenses  |             |                           |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$          | 7,662.02                  |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$          | 6,812.00                  |
| Par | t 4: Answer These Questions for Administrative and Statistical Records   |             |                           |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ur other sc | chedules.                 |
| 7.  | ■ Yes What kind of debt do you have?   |             |                           |
|     | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a   | a persona   | I, family, or             |

the court with your other schedules.

Official Form 106Sum

Summary of Yo

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

page 1 of 2

Doc 1 Filed 12/17/18 Entered 12/17/18 16:42:29 Desc Main Case 18-74429 Document

Page 9 of 66
Case number (if known) Debtor 1 Mitzi Jo Ilagan

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

9,349.85

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total claim |      |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following:   |             |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          | 0.00 |

|                              | Cas   | se 18-74429   | Doc 1   | Filed 12/17/18<br>Document  | Entered 12/17/1   | .8 16:42:29                                | Desc                 | Main   |
|------------------------------|---|---|---|---|---|--|----------------------|--|
| Fill                         | in this informa   | ation to identify   | your case and th  |   |   |  |                      |  |
| Deb                          | otor 1  | Mitzi Jo Ilaga  |   | Name  | Last Name   |  |                      |  |
|                              | otor 2<br>ouse, if filing)  | First Name  | Middle  | Name  | Last Name   |  |                      |  |
| Uni                          | ted States Bank   | cruptcy Court for   | the: EASTERN  | DISTRICT OF VIRGI   | NIA- NORFOLK DIVISION   |  |                      |  |
| Cas                          | se number   |   |   |   | -   |  |                      | Check if this is an amended filing                             |
| _                            |   | m 106A/B<br>• <b>A/B: Pr</b>  | =   |   |   |  |                      | 12/15  |
| hink<br>nfor<br>Ansv<br>Pari | k it fits best. Be a mation. If more swer every question.  1. Describe Ea | as complete and a<br>space is needed, a<br>on.<br>ach Residence, Bu | accurate as possible<br>attach a separate sh<br>uilding, Land, or Otl | e. If two married people<br>neet to this form. On the<br>her Real Estate You Ow | an asset fits in more than one<br>e are filing together, both are<br>e top of any additional pages<br>wn or Have an Interest In | equally responsible                        | for supp             | lying correct  |
| 1.1                          | Yes. Where is t   |   |   | What is the property  | <b>√?</b> Check all that apply  |  |                      |  |
|                              |   | emond Loop<br>available, or other desc                              | cription  | Single-family I  Duplex or mul  Condominium                                     |   | the amount of any                          | secured cl           | s or exemptions. Put laims on Schedule D: Secured by Property. |
|                              | Virginia Bea  | ach VA  | 23456-0000<br>ZIP Code  | <ul><li>☐ Manufactured</li><li>☐ Land</li><li>☐ Investment pro</li></ul>        | or mobile home  | Current value of t entire property?        | ŗ                    | Current value of the portion you own? \$353,200.00             |
|                              |   |   |   | _   | t in the property? Check one  | (such as fee simp<br>a life estate), if kn | ole, tenano<br>nown. | r ownership interest<br>by by the entireties, or               |
|                              | Virginia Bea  | ach Cit   |   | ☐ Debtor 1 only ☐ Debtor 2 only   |   | Tenants by th                              | e Entire             | eties  |
|                              | County  | acii Gii  |   | Debtor 1 and I  | f the debtors and another ou wish to add about this ite   | (see instructions                          |                      | unity property   |
|                              |   |   |   | Short Sale Offer<br>REA: \$353,200  | r has been made for \$3   | 325,000                                    |                      |  |

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$353,200.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Case 18-74429 Doc 1 Filed 12/17/18 Entered 12/17/18 16:42:29 Desc Main Page 11 of 66
Case number (if known) Document Debtor 1 Mitzi Jo Ilagan 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles Yes Do not deduct secured claims or exemptions. Put Ford Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: Mustang Model: Debtor 1 only Creditors Who Have Claims Secured by Property. 2016 Debtor 2 only Current value of the Current value of the 76000 Approximate mileage: entire property? portion you own? Debtor 1 and Debtor 2 only Other information: At least one of the debtors and another **GT Convertible** \$23,275.00 \$23,275.00 ☐ Check if this is community property (see instructions) Do not deduct secured claims or exemptions. Put 3.2 Make: Chevy Who has an interest in the property? Check one the amount of any secured claims on Schedule D: **Equinox** Model: ■ Debtor 1 only Creditors Who Have Claims Secured by Property. 2014 Year: Debtor 2 only Current value of the Current value of the 72000 Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: ☐ At least one of the debtors and another \$14,600.00 \$14,600.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No □ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$37,875.00 pages you have attached for Part 2. Write that number here...... Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... Refrigerator, Stove, Freezer, Microwave, 1 End Table, 3 Lamps, 2 Bed Room Sets, 2 Dressers, 1 Desk and Desk Chair, Vaccuum.

Kitchen Utensils, Decorative Items, Linens, Small Appliances, China, Silver

\$2,000.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

Yes. Describe.....

4 TVs, 1 Computers, 2 Game Systems, Tablet, 2 Cell Phones

\$3.500.00

Entered 12/17/18 16:42:29 Case 18-74429 Doc 1 Filed 12/17/18 Page 12 of 66
Case number (if known) Document Debtor 1 Mitzi Jo Ilagan 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ☐ No ■ Yes. Describe..... \$240.00 Sports Equiptment- Snow Board, Scooter, HoverBoard 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... Clothing \$500.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver Yes. Describe..... Costume Jewelry \$100.00 13. Non-farm animals Examples: Dogs, cats, birds, horses □ No Yes. Describe..... \$50.00 Pets- Cat and Dog 14. Any other personal and household items you did not already list, including any health aids you did not list No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$6.390.00 for Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

Desc Main

Doc 1 Filed 12/17/18 Entered 12/17/18 16:42:29 Desc Main Case 18-74429 Page 13 of 66

Case number (if known) Document

Debtor 1 Mitzi Jo Ilagan

|     |   |           |                             | Cash on Hand   | \$0.50                   |
|-----|---|-----------|-----------------------------|--|--------------------------|
| 17. | institutions.                                   |           |                             | certificates of deposit; shares in credit unions, brokerage house the same institution, list each.                     | es, and other similar    |
|     | □ No ■ Yes                                      |           |                             | Institution name:  |                          |
|     |   | 17.1.     | Checking Account            | USAA   | \$558.48                 |
|     |   | 17.2.     | Checking Account            | USAA (Debtor is listed on Daughter's<br>Checking Account for Estate Planning<br>Purposes)                              | \$0.00                   |
|     |   | 17.3.     | Savings Account             | USAA   | \$0.23                   |
|     |   | 17.4.     | Checking Account            | NFCU   | \$0.00                   |
|     |   | 17.5.     | Savings Account             | NFCU   | \$0.00                   |
|     |   | 17.6.     | Savings Account             | NFCU   | \$0.00                   |
|     |   | 17.7.     | Checking Account            | Dollar One   | \$305.66                 |
| 18. | . Bonds, mutual funds, of Examples: Bond funds, |           |                             | ge firms, money market accounts  |                          |
|     | ■ No □ Yes                                      |           | Institution or issuer name  | :  |                          |
| 19. | Non-publicly traded sto                         | ock and   | interests in incorporated   | d and unincorporated businesses, including an interest in a  | nn LLC, partnership, and |
|     | ■ No □ Yes. Give specific info                  |           | about them<br>me of entity: | % of ownership:  |                          |
| 20. | Negotiable instruments                          | include ¡ | personal checks, cashiers'  | e and non-negotiable instruments checks, promissory notes, and money orders. to someone by signing or delivering them. |                          |
|     | ☐ Yes. Give specific info                       |           | about them<br>uer name:     |  |                          |
| 21. | Retirement or pension  Examples: Interests in I |           |                             | , thrift savings accounts, or other pension or profit-sharing plans  | S                        |
|     | ■ Yes. List each accoun                         |           | tely.<br>of account:        | Institution name:  |                          |
|     |   |           | loyee Stock<br>hase Program | ESOP   | \$4,445.94               |

Official Form 106A/B Schedule A/B: Property page 4

Case 18-74429 Doc 1 Filed 12/17/18 Entered 12/17/18 16:42:29 Desc Main Page 14 of 66

Case number (if known) Document Debtor 1 Mitzi Jo Ilagan 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others □ No Institution name or individual: Yes. ..... **Security Deposit Security Deposit** \$390.00 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No ☐ Yes. Give specific information about them... Current value of the Money or property owed to you? portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ No Yes. Give specific information..... **Interest in Property Settlement Agreement Property** Settlement Unknown Ageeement 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No

☐ Yes. Give specific information..

#### 31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

■ No

☐ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

|                                    | Case 18-74429  | Doc 1 Filed 12/17<br>Documen                                      |  | 2:29 Desc Main                |
|------------------------------------|--|---|--|-------------------------------|
| Debtor 1                           | Mitzi Jo Ilagan  |   | Case number (if  | known)                        |
| If you somed                       |  |   | as died<br>life insurance policy, or are currently entitled                      | d to receive property because |
| Exam<br>■ No                       |  | nt disputes, insurance claims, or                                 | awsuit or made a demand for payment rights to sue                                |                               |
| □ No                               | contingent and unliquidate  Describe each claim                    | •   | cluding counterclaims of the debtor and ri                                       | ights to set off claims       |
|                                    |  |   | nonths of filing of a bankruptcy petiti<br>roperty settlement, or any decedent's |                               |
| ■ No<br>□ Yes.<br>36. Add<br>for P | art 4. Write that number he  | our entries from Part 4, includ                                   |  | ned<br>\$5,700.81             |
|                                    | <u> </u>   |   | terest In. List any real estate in Part 1.                                       |                               |
| _ `                                | own or have any legal or equi<br>o to Part 6.                      | itable interest in any business-rela                              | ated property?   |                               |
| _                                  | Go to line 38.   |   |  |                               |
|                                    | escribe Any Farm- and Comme<br>you own or have an interest in fa   | ercial Fishing-Related Property Yo<br>armland, list it in Part 1. | ou Own or Have an Interest In.   |                               |
| ■ No.                              | u own or have any legal or<br>. Go to Part 7.<br>s. Go to line 47. | r equitable interest in any farm                                  | n- or commercial fishing-related property  | ?                             |
| Part 7:                            | Describe All Property You  | Own or Have an Interest in That Y                                 | ou Did Not List Above  |                               |
|                                    | u have other property of an ples: Season tickets, country          | ny kind you did not already lis<br>y club membership              | st?  |                               |

Official Form 106A/B Schedule A/B: Property page 6

54. Add the dollar value of all of your entries from Part 7. Write that number here ......

☐ Yes. Give specific information.......

\$0.00

Entered 12/17/18 16:42:29 Desc Main Case 18-74429 Doc 1 Filed 12/17/18

Page 16 of 66
Case number (if known) Document Debtor 1 Mitzi Jo Ilagan

List the Totals of Each Part of this Form Part 8: Part 1: Total real estate, line 2 55. \$353,200.00 Part 2: Total vehicles, line 5 56. \$37,875.00 Part 3: Total personal and household items, line 15 \$6,390.00 57. 58. Part 4: Total financial assets, line 36 \$5,700.81 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... Copy personal property total 62. \$49,965.81 \$49,965.81 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$403,165.81

Official Form 106A/B Schedule A/B: Property page 7

|   |                          | 17(7(4)1111)       |                              |                                      |
|---|--------------------------|--------------------|------------------------------|--------------------------------------|
| Fill in this infor                      | rmation to identify your | case:              |                              |                                      |
| Debtor 1                                | Mitzi Jo Ilagan          |                    |                              |                                      |
|   | First Name               | Middle Name        | Last Name                    |                                      |
| Debtor 2                                |                          |                    |                              |                                      |
| (Spouse if, filing)                     | First Name               | Middle Name        | Last Name                    |                                      |
| United States Bankruptcy Court for the: |                          | EASTERN DISTRICT O | F VIRGINIA- NORFOLK DIVISION |                                      |
| Case number                             |                          |                    |                              |                                      |
| (if known)                              |                          |                    |                              | ☐ Check if this is an amended filing |

### Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| 1. | Which set of exem | ptions are | you claiming? | Check one only | , even if | your spouse is | filing with | vou. |
|----|-------------------|------------|---------------|----------------|-----------|----------------|-------------|------|
|----|-------------------|------------|---------------|----------------|-----------|----------------|-------------|------|

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br>Schedule A/B that lists this property         | Current value of the Amount of the exemption you claim portion you own  |  | Specific laws that allow exemption                              |                        |
|--|---|--|---|------------------------|
|  | Copy the value from Check only one box for each exemption. Schedule A/B |  |   |                        |
| 3173 Nansemond Loop Virginia<br>Beach, VA 23456 Virginia Beach Cit                             | \$353,200.00  |  | \$1.00  | C.C.P. § 703.140(b)(5) |
| County Short Sale Offer has been made for \$325,000 REA: \$353,200 Line from Schedule A/B: 1.1 |   |  | 100% of fair market value, up to any applicable statutory limit |                        |
| 2016 Ford Mustang 76000 miles  | \$23,275.00   |  | \$1.00  | C.C.P. § 703.140(b)(5) |
| Line from Schedule A/B: 3.1  |   |  | 100% of fair market value, up to any applicable statutory limit |                        |
| 2014 Chevy Equinox 72000 miles Line from Schedule A/B: 3.2                                     | \$14,600.00   |  | \$1.00  | C.C.P. § 703.140(b)(2) |
| Ente from Goriedate 70 B. G.E  |   |  | 100% of fair market value, up to any applicable statutory limit |                        |
| 2014 Chevy Equinox 72000 miles   | \$14,600.00   |  | \$1.00  | C.C.P. § 703.140(b)(5) |
| Line Hotti Schedule A/D. 3.2   |   |  | 100% of fair market value, up to any applicable statutory limit |                        |

## Case 18-74429 Doc 1 Filed 12/17/18 Entered 12/17/18 16:42:29 Desc Main Document Page 18 of 66

| Brief description of the property and line on Schedule A/B that lists this property   | Current value of the portion you own  Copy the value from Schedule A/B | Ame<br>Che | Specific laws that allow exemption  |                        |
|---|--|------------|---|------------------------|
| Refrigerator, Stove, Freezer,<br>Microwave, 1 End Table, 3 Lamps, 2<br>Bed Room Sets, 2 Dressers, 1 Desk<br>and Desk Chair, Vaccuum, Kitchen<br>Utensils, Decorative Items, Linens, | \$2,000.00   |            | \$2,000.00  100% of fair market value, up to any applicable statutory limit | C.C.P. § 703.140(b)(3) |
| Small Appliances, China, Silver<br>Line from <i>Schedule A/B</i> : <b>6.1</b>   |  |            |   |                        |
| 4 TVs, 1 Computers, 2 Game<br>Systems, Tablet, 2 Cell Phones  | \$3,500.00   |            | \$3,500.00  | C.C.P. § 703.140(b)(3) |
| Line from Schedule A/B: 7.1   |  |            | 100% of fair market value, up to any applicable statutory limit             |                        |
| Sports Equiptment- Snow Board,<br>Scooter, HoverBoard   | \$240.00   |            | \$240.00  | C.C.P. § 703.140(b)(5) |
| Line from Schedule A/B: 9.1   |  |            | 100% of fair market value, up to any applicable statutory limit             |                        |
| Clothing Line from Schedule A/B: 11.1   | \$500.00   |            | \$500.00  | C.C.P. § 703.140(b)(3) |
|   |  |            | 100% of fair market value, up to any applicable statutory limit             |                        |
| Costume Jewelry Line from Schedule A/B: 12.1  | \$100.00   |            | \$100.00  | C.C.P. § 703.140(b)(4) |
|   |  |            | 100% of fair market value, up to any applicable statutory limit             |                        |
| Pets- Cat and Dog Line from Schedule A/B: 13.1  | \$50.00  |            | \$50.00   | C.C.P. § 703.140(b)(5) |
|   |  |            | 100% of fair market value, up to any applicable statutory limit             |                        |
| Cash on Hand Line from Schedule A/B: 16.1   | \$0.50   |            | \$0.50  | C.C.P. § 703.140(b)(5) |
|   |  |            | 100% of fair market value, up to any applicable statutory limit             |                        |
| Checking Account: USAA Line from Schedule A/B: 17.1   | \$558.48   |            | \$558.48  | C.C.P. § 703.140(b)(5) |
|   |  |            | 100% of fair market value, up to any applicable statutory limit             |                        |
| Checking Account: USAA (Debtor is listed on Daughter's Checking   | \$0.00   |            | \$1.00  | C.C.P. § 703.140(b)(5) |
| Account for Estate Planning Purposes) Line from Schedule A/B: 17.2  |  |            | 100% of fair market value, up to any applicable statutory limit             |                        |
| Savings Account: USAA Line from Schedule A/B: 17.3  | \$0.23   |            | \$0.23  | C.C.P. § 703.140(b)(5) |
|   |  |            | 100% of fair market value, up to any applicable statutory limit             |                        |
| Checking Account: NFCU Line from Schedule A/B: 17.4   | \$0.00   |            | \$1.00  | C.C.P. § 703.140(b)(5) |
| Ento Horn Goriodallo A/D. 1117  |  |            | 100% of fair market value, up to any applicable statutory limit             |                        |

## Case 18-74429 Doc 1 Filed 12/17/18 Entered 12/17/18 16:42:29 Desc Main Document Page 19 of 66

| Brief description of the property and line on   | Current value of the                | ۸m  | ount of the exemption you claim                                 | Specific laws that allow exemption            |
|---|-------------------------------------|-----|---|---|
| Schedule A/B that lists this property   | portion you own                     | Ame | ount of the exemption you claim                                 | Specific laws that allow exemption            |
|   | Copy the value from<br>Schedule A/B | Che | eck only one box for each exemption.                            |   |
| Savings Account: NFCU   | \$0.00                              |     | \$1.00  | C.C.P. § 703.140(b)(5)                        |
| Line from <i>Schedule A/B</i> : <b>17.5</b>   |                                     |     | 100% of fair market value, up to any applicable statutory limit |   |
| Savings Account: NFCU   | \$0.00                              |     | \$1.00  | C.C.P. § 703.140(b)(5)                        |
| ine from <i>Schedule A/B</i> : <b>17.6</b>  |                                     |     | 100% of fair market value, up to any applicable statutory limit |   |
| Checking Account: Dollar One  | \$305.66                            |     | \$305.66  | C.C.P. § 703.140(b)(5)                        |
| ine from <i>Schedule A/B</i> : <b>17.7</b>  |                                     |     | 100% of fair market value, up to any applicable statutory limit |   |
| Employee Stock Purchase Program:<br>ESOP  | \$4,445.94                          |     | \$4,445.97  | C.C.P. § 703.140(b)(5)                        |
| Line from Schedule A/B: 21.1  |                                     |     | 100% of fair market value, up to any applicable statutory limit |   |
| Employee Stock Purchase Program:<br>ESOP  | \$4,445.94                          |     | \$4,445.97  | C.C.P. § 703.140(b)(10)(E)                    |
| Line from Schedule A/B: 21.1  |                                     |     | 100% of fair market value, up to any applicable statutory limit |   |
| Employee Stock Purchase Program:<br>ESOP  | \$4,445.94                          |     | \$4,445.97  | 11 U.S.C. § 522(b)(3)(C)                      |
| Line from Schedule A/B: 21.1  |                                     |     | 100% of fair market value, up to any applicable statutory limit |   |
| Employee Stock Purchase Program:<br>ESOP  | \$4,445.94                          |     | \$4,445.97  | Patterson v. Shumate, 504<br>U.S. 753 (1991). |
| Line from Schedule A/B: 21.1  |                                     |     | 100% of fair market value, up to any applicable statutory limit | ,   |
| Security Deposit: Security Deposit  | \$390.00                            |     | \$390.00  | C.C.P. § 703.140(b)(5)                        |
| Life Holli Schedule A/D. 22.1   |                                     |     | 100% of fair market value, up to any applicable statutory limit |   |
| Property Settlement Ageeement: nterest in Property Settlement                           | Unknown                             | •   | \$1.00  | C.C.P. § 703.140(b)(5)                        |
| Agreement Line from Schedule A/B: 29.1  |                                     |     | 100% of fair market value, up to any applicable statutory limit |   |
| Property Settlement Ageeement:<br>nterest in Property Settlement                        | Unknown                             |     | \$1.00  | C.C.P. § 703.140(b)(10)(D)                    |
| Agreement Line from Schedule A/B: 29.1  |                                     |     | 100% of fair market value, up to any applicable statutory limit |   |
| Proceeds within six months of filing of a bankruptcy petition from life                 | Unknown                             |     | \$1.00  | C.C.P. § 703.140(b)(5)                        |
| insurance, property settlement, or any decedent's estate.  Line from Schedule A/B: 34.1 |                                     |     | 100% of fair market value, up to any applicable statutory limit |   |

Case 18-74429 Doc 1 Filed 12/17/18 Entered 12/17/18 16:42:29 Desc Main Document Page 20 of 66

| 3. | 3. Are you claiming a homestead exemption of more than \$160,375?  (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) |  |  |  |  |  |  |  |
|----|--|--|--|--|--|--|--|--|
|    |  | No   |  |  |  |  |  |  |
|    |  | Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? |  |  |  |  |  |  |
|    |  | □ No   |  |  |  |  |  |  |
|    |  | □ Yes  |  |  |  |  |  |  |

|  | Document                               | Page 21            | of 66                                   |                        |               |
|--|--|--------------------|---|------------------------|---------------|
| Fill in this information to identify y   | our case:                              |                    |   |                        |               |
| Debtor 1 Mitzi Jo Ilagai   | 2                                      |                    |   |                        |               |
| First Name   | Middle Name                            | Last Name          |   |                        |               |
| Debtor 2   |  |                    |   |                        |               |
| (Spouse if, filing) First Name   | Middle Name                            | Last Name          |   |                        |               |
| United States Bankruptcy Court for th  | ne: EASTERN DISTRICT OF VI             | RGINIA- NORFO      | OLK DIVISION                            |                        |               |
| ornica diales barikrapies court for the  | EXCITENT DIGITAL OF VI                 | TOTAL TOTAL C      | <u>JER BIVIOIOIV</u>                    |                        |               |
| Case number  |  |                    |   |                        |               |
| (if known)   |  |                    |   | ☐ Check                | if this is an |
|  |  |                    |   | ameno                  | ded filing    |
| O#*: 1-1 F 400D  |  |                    |   |                        |               |
| Official Form 106D   |  |                    |   |                        |               |
| Schedule D: Creditor   | rs Who Have Claims                     | s Secured          | d by Property                           | У                      | 12/15         |
|  |  |                    |   |                        |               |
| Be as complete and accurate as possibl<br>s needed, copy the Additional Page, fill                             |  |                    |   |                        |               |
| number (if known).   |  |                    | , |                        |               |
| <ol> <li>Do any creditors have claims secured</li> </ol>   | by your property?                      |                    |   |                        |               |
| ☐ No. Check this box and submi   | t this form to the court with your oth | ner schedules. Yo  | ou have nothing else t                  | o report on this form. |               |
| ■ Yes. Fill in all of the information  | n helow                                |                    |   |                        |               |
|  |  |                    |   |                        |               |
| Part 1: List All Secured Claims  |  |                    | Column A                                | Column B               | Column C      |
| <ol><li>List all secured claims. If a creditor has<br/>for each claim. If more than one creditor has</li></ol> |  |                    | Amount of claim                         | Value of collateral    | Unsecured     |
| much as possible, list the claims in alphab  |  |                    | Do not deduct the                       | that supports this     | portion       |
| O. ( Duivertines/Duislessesses   | B                                      |                    | value of collateral.                    | claim                  | If any        |
| 2.1 Drivetime/Bridgecrest  Creditor's Name   | Describe the property that secure      |                    | \$20,527.10                             | \$14,600.00            | \$5,927.10    |
| Creditor's Name  | 2014 Chevy Equinox 7200                | 0 miles            |   |                        |               |
| 7300 E HAMPTON AVE   |  |                    |   |                        |               |
| STE  | As of the date you file, the claim     | is: Check all that |   |                        |               |
| Mesa, AZ 85209   | apply.  Contingent                     |                    |   |                        |               |
| Number, Street, City, State & Zip Code   | Unliquidated                           |                    |   |                        |               |
| rambol, chool, only, chaic a Esp code  | ☐ Disputed                             |                    |   |                        |               |
| Who owes the debt? Check one.  | Nature of lien. Check all that appl    | V.                 |   |                        |               |
| ■ Debtor 1 only  | ☐ An agreement you made (such          |                    | cured                                   |                        |               |
| Debtor 2 only  | car loan)                              |                    |   |                        |               |
| Debtor 1 and Debtor 2 only   | ☐ Statutory lien (such as tax lien, r  | mechanic's lien)   |   |                        |               |
| ☐ At least one of the debtors and anothe   |  | neonanie 3 lieny   |   |                        |               |
| ☐ Check if this claim relates to a   | Other (including a right to offset)    | N PMSI             |   |                        |               |
| community debt   | — Other (including a right to onset)   | ,                  |   |                        |               |
| Data daht  | Last Adiates of account w              | 4620               |   |                        |               |
| Date debt was incurred 9/2018  | Last 4 digits of account nu            | umber <u>1630</u>  |   |                        |               |
|  |  |                    | <b>*</b> 40 400 00                      | *** ***                | ****          |
| 2.2 Ford Credit  | Describe the property that secure      |                    | \$48,139.00                             | \$23,275.00            | \$24,864.00   |
| Creditor's Name  | 2016 Ford Mustang 76000                | miles              |   |                        |               |
|  | GT Convertible                         |                    |   |                        |               |
| PO BOX 552679  | As of the date you file, the claim     | is: Check all that |   |                        |               |
| Detroit, MI 48255-2679   | apply.  Contingent                     |                    |   |                        |               |
| Number, Street, City, State & Zip Code   | Unliquidated                           |                    |   |                        |               |
| ,,,,   | ☐ Disputed                             |                    |   |                        |               |
| Who owes the debt? Check one.  | Nature of lien. Check all that appl    | ly.                |   |                        |               |
| ☐ Debtor 1 only  | ☐ An agreement you made (such a        | as mortgage or sec | cured                                   |                        |               |
| Debtor 2 only  | car loan)                              | 0 0                |   |                        |               |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Statutory lien (such as tax lien, r  | mechanic's lien)   |   |                        |               |
| At least one of the debtors and anothe   | Judgment lien from a lawsuit           |                    |   |                        |               |
| ☐ Check if this claim relates to a   | Other (including a right to offset)    | PMSI               |   |                        |               |
| community debt   |  | ' <del></del>      |   |                        |               |
| Date debt was incurred 4/24/2040   | Last 4 digits of account               | imbor 2427         |   |                        |               |
| Date debt was incurred 4/21/2016   | Last 4 digits of account nu            | umber 3137         |   |                        |               |

## Case 18-74429 Doc 1 Filed 12/17/18 Entered 12/17/18 16:42:29 Desc Main Document Page 22 of 66

| Debtor 1 Mitzi Jo Ilagan  |  | Case number (if known)            |   |              |  |  |  |
|---|--|-----------------------------------|---|--------------|--|--|--|
| First Name Middle N   | ame Last Name  |                                   | -                                       |              |  |  |  |
| PennyMac Loan<br>Services, LLC  | Describe the property that secures the claim:  | \$383,690.00                      | \$353,200.00                            | \$30,490.00  |  |  |  |
| PO Box 514387 Los Angeles, CA   | 3173 Nansemond Loop Virginia<br>Beach, VA 23456 Virginia Beach Cit<br>County<br>Short Sale Offer has been made for<br>\$325,000<br>REA: \$353,200<br>As of the date you file, the claim is: Check all that |                                   | *************************************** |              |  |  |  |
| 90051-4370  | apply.<br>□ Contingent   |                                   |   |              |  |  |  |
| Number, Street, City, State & Zip Code  | ☐ Unliquidated ☐ Disputed  |                                   |   |              |  |  |  |
| Who owes the debt? Check one.   | Nature of lien. Check all that apply.  |                                   |   |              |  |  |  |
| ☐ Debtor 1 only ☐ Debtor 2 only   | ☐ An agreement you made (such as mortgage or car loan)   | secured                           |   |              |  |  |  |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Statutory lien (such as tax lien, mechanic's lien)   | )                                 |   |              |  |  |  |
| At least one of the debtors and another   | ☐ Judgment lien from a lawsuit   |                                   |   |              |  |  |  |
| ☐ Check if this claim relates to a community debt   | Other (including a right to offset) Deed of  | Trust                             |   |              |  |  |  |
| Date debt was incurred 6/27/2017  | Last 4 digits of account number 663  | 2                                 |   |              |  |  |  |
|   |  |                                   |   |              |  |  |  |
| •   | column A on this page. Write that number here:   | \$452,356.                        | 10                                      |              |  |  |  |
| If this is the last page of your form, add<br>Write that number here:                           | the dollar value totals from all pages.  | \$452,356.                        | 10                                      |              |  |  |  |
| Part 2: List Others to Be Notified for  | or a Debt That You Already Listed  |                                   |   |              |  |  |  |
| trying to collect from you for a debt you o   | be notified about your bankruptcy for a debt that your to someone else, list the creditor in Part 1, and tyou listed in Part 1, list the additional creditors lais page.                                   | d then list the collection agen   | cy here. Similarly, if y                | ou have more |  |  |  |
| Name, Number, Street, City, State & Penny Mac Loan Services PO Box 660929 Dallas, TX 75266-0929 |  | which line in Part 1 did you ente | r the creditor? 2.3                     |              |  |  |  |

|   | Ous  | C 10 14420 E   | л <u>т</u> 00,                      | Document                               | Page 2              | 3 of 66   |                        | oo man                               |
|---|--|--|-------------------------------------|--|---------------------|---|------------------------|--------------------------------------|
| Fill in t   | his informa                                    | tion to identify your o  |                                     |  | 1 11111.7           |   |                        |                                      |
| Dobtor  | 1  | Mitai la llavan  |                                     |  |                     |   |                        |                                      |
| Debtor  | 1  | Mitzi Jo Ilagan First Name   | Middle Na                           | me                                     | Last Name           |   | -                      |                                      |
| Debtor  | 2  |  |                                     |  |                     |   |                        |                                      |
| (Spouse if  | f, filing)                                     | First Name   | Middle Na                           | me                                     | Last Name           |   | -                      |                                      |
| United  | States Bank                                    | ruptcy Court for the:  | EASTERN D                           | ISTRICT OF VI                          | RGINIA- NORF        | OLK DIVISION  | -                      |                                      |
| Case n  | umber  |  |                                     |  |                     |   |                        |                                      |
| (if known)  |  |  |                                     |  |                     |   |                        | Check if this is an                  |
|   |  |  |                                     |  |                     |   | a                      | mended filing                        |
| Officia   | al Form  | 106E/E   |                                     |  |                     |   |                        |                                      |
|   |  |  | ha Haya                             | Llnooouro                              | d Claima            |   |                        | 40/4E                                |
|   |  | : Creditors W  |                                     |  |                     |   |                        | 12/15<br>ms. List the other party to |
| Schedule<br>left. Attac<br>name and   | e D: Creditors<br>ch the Contin<br>d case numb | s Who Have Claims Sect<br>nuation Page to this pag<br>er (if known). | ured by Propert<br>e. If you have n | y. If more space is o information to r | s needed, copy      | any creditors with partia<br>the Part you need, fill it<br>do not file that Part. On      | out, number the en     | tries in the boxes on the            |
| Part 1:   | List All o                                     | of Your PRIORITY Un  | secured Clain                       | ns                                     |                     |   |                        |                                      |
| 1. Do a   | any creditors                                  | have priority unsecured  | d claims agains                     | t you?                                 |                     |   |                        |                                      |
| <b>I</b>  | No. Go to Part                                 | 2.   |                                     |  |                     |   |                        |                                      |
|   | Yes.   |  |                                     |  |                     |   |                        |                                      |
| Part 2:   | List All o                                     | of Your NONPRIORIT   | Y Unsecured                         | Claims                                 |                     |   |                        |                                      |
| 3. Do a   | any creditors                                  | have nonpriority unsec   | ured claims aga                     | ainst you?                             |                     |   |                        |                                      |
| <b>□</b> 1  | No. You have                                   | nothing to report in this pa   | art. Submit this fo                 | orm to the court wi                    | th your other sche  | edules.   |                        |                                      |
|   |  |  |                                     |  |                     |   |                        |                                      |
|   |  |  |                                     |  |                     |   |                        |                                      |
| unse  | ecured claim,<br>n one creditor                | list the creditor separately   | for each claim.                     | For each claim list                    | ed, identify what t | b holds each claim. If a c<br>type of claim it is. Do not li<br>three nonpriority unsecur | ist claims already inc | cluded in Part 1. If more            |
|   |  |  |                                     |  |                     |   |                        | Total claim                          |
| 4.1   | Affirm/Wa                                      | avfair   |                                     | Last 4 digits of a                     | ccount number       | Multiple  |                        | \$2,772.00                           |
|   |  | reditor's Name   |                                     | Luot 4 digito oi di                    |                     | Manapic   |                        | ΨΣ,112.00                            |
|   |  | FORNIA ST FL 12  |                                     | When was the de                        | ebt incurred?       | Multiple  |                        | _                                    |
|   |  | cisco, CA 94108<br>et City State Zlp Code                            |                                     | As of the date vo                      | u file the claim    | is: Check all that apply  |                        |                                      |
|   |  | ed the debt? Check one.  |                                     | As of the date you                     | u me, me ciami      | is. Check all that apply  |                        |                                      |
|   | Debtor 1                                       |  |                                     | ☐ Contingent                           |                     |   |                        |                                      |
|   | _  | •  |                                     | _                                      |                     |   |                        |                                      |
|   | Debtor 2                                       | •  |                                     | ☐ Unliquidated                         |                     |   |                        |                                      |
|   | _  | and Debtor 2 only  |                                     | Disputed                               | ORITY unequire      | d claim:  |                        |                                      |
| ☐ At least one of the debtors and another  Type of NONPRIORITY unsecured claim: ☐ Student loans |  |  |                                     |  |                     |   |                        |                                      |
|   | ☐ Check if debt                                | this claim is for a comm   | ilullity                            | _                                      | sing out of a assa  | aration agreement or divor  | rea that you did not   |                                      |
|   |  | subject to offset?   |                                     | report as priority cl                  |                     | aration agreement or divor  | ce mai you did not     |                                      |
|   | ■ No   |  |                                     | ☐ Debts to pensi                       | on or profit-sharin | ng plans, and other similar   | debts                  |                                      |
|   | ☐ Yes  |  |                                     | Other. Specify                         | Account Ba          | alance  |                        |                                      |
|   | 00   |  |                                     | - Other, Specify                       |                     |   |                        | _                                    |

Case 18-74429 Doc 1 Filed 12/17/18 Entered 12/17/18 16:42:29 Desc Main Document Page 24 of 66 Case number (if known)

| Debto | or 1 Mitzi Jo Ilagan   | Case  | number (if known)                     |          |
|-------|--|---|---------------------------------------|----------|
| 4.2   | Chase Card   | Last 4 digits of account number 426                                 | <u> </u>                              | \$283.00 |
|       | Nonpriority Creditor's Name 201 N. Walnut Ste DE1-1027   | When was the debt incurred?   | 07                                    |          |
|       | Wilmington, DE 19801  Number Street City State Zlp Code  Who incurred the debt? Check one.       | As of the date you file, the claim is: Che                          | eck all that apply                    |          |
|       | ■ Debtor 1 only  | ☐ Contingent  |                                       |          |
|       | Debtor 2 only  | ☐ Unliquidated  |                                       |          |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |                                       |          |
|       | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim                                 | n:                                    |          |
|       | ☐ Check if this claim is for a community   | ☐ Student loans   |                                       |          |
|       | debt<br>Is the claim subject to offset?  | Obligations arising out of a separation report as priority claims   | agreement or divorce that you did not |          |
|       | ■ No   | Debts to pension or profit-sharing plans                            | s, and other similar debts            |          |
|       | ☐ Yes  | Other. Specify Account Balance                                      | e e                                   |          |
| 4.3   | Citizens One Nonpriority Creditor's Name   | Last 4 digits of account number Uni                                 | known                                 | \$600.00 |
|       | One Citizens Plaza<br>Providence, RI 02903   | When was the debt incurred? 201                                     | 8                                     |          |
|       | Number Street City State Zlp Code  | As of the date you file, the claim is: Che                          | eck all that apply                    |          |
|       | Who incurred the debt? Check one.  | _   |                                       |          |
|       | Debtor 1 only  | Contingent  |                                       |          |
|       | Debtor 2 only  | Unliquidated  |                                       |          |
|       | Debtor 1 and Debtor 2 only   | Disputed  |                                       |          |
|       | At least one of the debtors and another  | Type of NONPRIORITY unsecured claim                                 | n:                                    |          |
|       | ☐ Check if this claim is for a community debt  | ☐ Student loans   |                                       |          |
|       | Is the claim subject to offset?  | Obligations arising out of a separation report as priority claims   | agreement or divorce that you did not |          |
|       | ■ No   | ☐ Debts to pension or profit-sharing plans                          | s, and other similar debts            |          |
|       | ☐ Yes  | Other. Specify Account Balance                                      | e                                     |          |
| 4.4   | Credit One Bank, NA  | Last 4 digits of account number 447                                 | <b>79</b>                             | \$204.00 |
|       | Nonpriority Creditor's Name P. O. Box 60500 City of Indiverse CA 04746                           | When was the debt incurred? 201                                     | 3                                     |          |
|       | City of Industry, CA 91716  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Che                          | eck all that apply                    |          |
|       | ■ Debtor 1 only  | ☐ Contingent  |                                       |          |
|       | ☐ Debtor 2 only  | ☐ Unliquidated  |                                       |          |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |                                       |          |
|       | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim                                 | n:                                    |          |
|       | ☐ Check if this claim is for a community   | ☐ Student loans   |                                       |          |
|       | debt   | ☐ Obligations arising out of a separation                           | agreement or divorce that you did not |          |
|       | Is the claim subject to offset?  | report as priority claims  Debts to pension or profit-sharing plans | s and other similar debts             |          |
|       | ■ No   | 1 1   |                                       |          |
|       | Yes  | Other. Specify Account Balance                                      | · <del>U</del>                        |          |

Case 18-74429 Doc 1 Filed 12/17/18 Entered 12/17/18 16:42:29 Desc Main Document Page 25 of 66 Case number (if known)

Debtor 1 Mitzi Jo Ilagan 4.5 \$6,000.00 **Eric Scholer** Last 4 digits of account number None Nonpriority Creditor's Name 8543 Verde Park Circle When was the debt incurred? 6/26/2018 Las Vegas, NV 89129 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Account Balance ☐ Yes 4.6 **First Premier Bank** Last 4 digits of account number 5178 \$1,276.00 Nonpriority Creditor's Name PO Box 5147 When was the debt incurred? 10/29/2015 Sioux Falls. SD 57117-5147 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Account Balance** Other. Specify 4.7 Military Star Credit Last 4 digits of account number Multiple \$7,535.00 Nonpriority Creditor's Name 3911 S WALTON WALKER BLVD When was the debt incurred? Multiple Dallas, TX 75236 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Account Balance ☐ Yes

Case 18-74429 Doc 1 Filed 12/17/18 Entered 12/17/18 16:42:29 Desc Main Document Page 26 of 66 Case number (if known)

Debtor 1 Mitzi Jo Ilagan 4.8 \$38,265.00 **Navy Federal Credit Union** Last 4 digits of account number Multiple Nonpriority Creditor's Name P. O. Box 3000 When was the debt incurred? Multiple Merrifield, VA 22119 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Account Balance ☐ Yes 4.9 PayPal Credit SVCS/Syncb Last 4 digits of account number 5049 \$9,711.56 Nonpriority Creditor's Name P.O. Box 960080 When was the debt incurred? Unknown Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Account Balance ☐ Yes 4.1 SYNBC/Walmart 6032 \$5,188.00 Last 4 digits of account number 0 Nonpriority Creditor's Name PO Box 965024 When was the debt incurred? 7/15/15 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Account Balance ☐ Yes

Case 18-74429 Doc 1 Filed 12/17/18 Entered 12/17/18 16:42:29 Desc Main Document Page 27 of 66 Case number (if known)

Debtor 1 Mitzi Jo Ilagan 4.1 SYNCB/Amazon PLLC 6045 \$4,748.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 965036 When was the debt incurred? 4/2012 Orlando, FL 32896-5036 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Account Balance 4.1 SYNCB/America Eagle 6044 \$3,004.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 965036 When was the debt incurred? 10/2014 VA 23896-5036 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Account Balance ☐ Yes 4.1 SYNCB/JC Pennev 6008 \$2.351.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 965036 When was the debt incurred? 6/29/2015 Orlando, FL 32896-5036 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Account Balance ☐ Yes

Case 18-74429 Doc 1 Filed 12/17/18 Entered 12/17/18 16:42:29 Desc Main Document Page 28 of 66 Case number (if known)

Debtor 1 Mitzi Jo Ilagan 4.1 \$802.00 SYNCB/ZULI 6044 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 965017 When was the debt incurred? 2/2018 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Account Balance 4.1 The Exchange/TakeltHomeToday 8122 \$1,043.36 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 740890 When was the debt incurred? Unknown Cincinnati, OH 45274-0890 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Account Balance ☐ Yes 4.1 **USAA** 4270 \$2.067.00 Last 4 digits of account number 6 Nonpriority Creditor's Name 10750 McDermott Freeway When was the debt incurred? 3/18/2018 San Antonio, TX 78288 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Account Balance ☐ Yes

Debtor 1 Mitzi Jo Ilagan

Document Page 29 of 66
Case number (if known)

| WebBank/DFS   | Last 4 digits of account number                             | 6879   | \$4,539.00 |
|---|---|--|------------|
| Nonpriority Creditor's Name<br>12234 N. IH 35 SB BIdg B<br>Austin, TX 78753 | When was the debt incurred?                                 | 7/15/2009                                    |            |
| Number Street City State Zlp Code  Who incurred the debt? Check one.        | As of the date you file, the claim i                        | s: Check all that apply                      |            |
| Debtor 1 only   | ☐ Contingent  |  |            |
| Debtor 2 only   | ☐ Unliquidated  |  |            |
| Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |            |
| At least one of the debtors and another                                     | Type of NONPRIORITY unsecured                               | d claim:                                     |            |
| ☐ Check if this claim is for a community                                    | ☐ Student loans   |  |            |
| debt<br>Is the claim subject to offset?                                     | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not |            |
| ■ No  | Debts to pension or profit-sharin                           | g plans, and other similar debts             |            |
| ☐ Yes   | ■ Other. Specify Account Ba                                 | alance                                       |            |

### Part 3: List Others to Be Notified About a Debt That You Already Listed

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                                |     |  |            | 7  | Total Claim |
|--------------------------------|-----|--|------------|----|-------------|
| Total                          | 6a. | Domestic support obligations   | 6a.        | \$ | 0.00        |
| claims<br>from Part 1          | 6b. | Taxes and certain other debts you owe the government   | 6b.        | \$ | 0.00        |
|                                | 6c. | Claims for death or personal injury while you were intoxicated   | 6c.        | \$ | 0.00        |
|                                | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                  | 6d.        | \$ | 0.00        |
|                                | 6e. | Total Priority. Add lines 6a through 6d.   | 6e.        | \$ | 0.00        |
|                                |     |  |            | 7  | Total Claim |
|                                | 6f. | Student loans  | 6f.        | \$ | 0.00        |
| Total<br>claims<br>from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that  | 6~         | \$ | 0.00        |
|                                | 6h. | you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts | 6g.<br>6h. | Φ  |             |
|                                | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount                                     | 6i.        | Φ  | 0.00        |
|                                | OI. | here.  | UI.        | \$ | 90,388.92   |
|                                | 6j. | Total Nonpriority. Add lines 6f through 6i.  | 6j.        | \$ | 90,388.92   |

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

|                     |                          | 1700.11111         | III FAUE 30 01 00            |                                      |
|---------------------|--------------------------|--------------------|------------------------------|--------------------------------------|
| Fill in this infor  | rmation to identify your | case:              |                              |                                      |
| Debtor 1            | Mitzi Jo Ilagan          |                    |                              |                                      |
|                     | First Name               | Middle Name        | Last Name                    |                                      |
| Debtor 2            |                          |                    |                              |                                      |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name                    |                                      |
| United States B     | ankruptcy Court for the: | EASTERN DISTRICT C | F VIRGINIA- NORFOLK DIVISION |                                      |
| Case number         |                          |                    |                              |                                      |
| (if known)          |                          |                    |                              | ☐ Check if this is an amended filing |

### Official Form 106G

### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| P   | erson or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for |
|-----|--|---|
| 2.1 | Inlet Fitness<br>2101 West Neck Road<br>Virginia Beach, VA 23451   | Gym Membership Executory Contract       |
| 2.2 | The Crossings at Red Mill<br>2160 Mill Crossing Drive<br>Virginia Beach, VA 23454                        | Residential Lease                       |
| 2.3 | Verizon Wireless<br>P.O. Box 26055<br>Minneapolis, MN 55426  | Cell Phone Executory Contract           |

|  |  | Document   | Page 31 of                                     | <u> </u>  |
|--|--|--|--|---|
| Fill in this                           | information to identify your   | case:  |  |   |
| Debtor 1                               | Mitzi Jo Ilagan  |  |  |   |
|  | First Name   | Middle Name  | Last Name                                      |   |
| Debtor 2                               |  |  |  |   |
| (Spouse if, fili                       | ng) First Name   | Middle Name  | Last Name                                      |   |
| United Sta                             | ites Bankruptcy Court for the:   | EASTERN DISTRICT OF V  | IRGINIA- NORFOLK                               | DIVISION  |
| Case num                               | hor  |  |  |   |
| (if known)                             |  |  |  | ☐ Check if this is an   |
|  |  |  |  | amended filing  |
|  | . =  |  |  |   |
|  | I Form 106H  |  |  |   |
| Sched                                  | lule H: Your Cod   | ebtors   |  | 12/15   |
|  |  |  |  |   |
| eople are<br>ill it out, a<br>our name | e filing together, both are equand number the entries in the earn case number (if known) | ally responsible for supplyin boxes on the left. Attach the . Answer every question. | ng correct information<br>e Additional Page to | complete and accurate as possible. If two married on. If more space is needed, copy the Additional Page, this page. On the top of any Additional Pages, write                 |
| 1. DO                                  | you have any codebtors? (If y  | ou are filing a joint case, do n   | ot list either spouse a                        | as a codebtor.  |
| □ No                                   |  |  |  |   |
| ■ Yes                                  | 3  |  |  |   |
|  | hin the last 8 years, have you<br>na, California, Idaho, Louisiana,                      |  |  | ? (Community property states and territories include ngton, and Wisconsin.)   |
| □ No.                                  | . Go to line 3.  |  |  |   |
| ■ Yes                                  | s. Did your spouse, former spou  | use, or legal equivalent live wit  | h you at the time?                             |   |
|  | _  |  |  |   |
|  | □ No   |  |  |   |
|  | Yes.   |  |  |   |
|  | In which community state KRISTOFFER ILAGA 3734 Karlin Ave                                | • •  | California                                     | . Fill in the name and current address of that person.  |
|  | Norfolk, VA 23502  |  |  |   |
|  | Name of your spouse, former spo<br>Number, Street, City, State & Zip                     |  |  |   |
| in line<br>Form                        | lumn 1, list all of your codebt<br>a 2 again as a codebtor only i                        | ors. Do not include your spo<br>f that person is a guarantor o                       | or cosigner. Make s                            | if your spouse is filing with you. List the person shown<br>ure you have listed the creditor on Schedule D (Officia<br>SG). Use Schedule D, Schedule E/F, or Schedule G to fi |
|  | Column 1: Your codebtor<br>Name, Number, Street, City, State and ZI                      | P Code   |  | Column 2: The creditor to whom you owe the debt Check all schedules that apply:   |
|  | ,  |  |  | Chook all concadios triat apply.  |
|  |  |  |  |   |
|  | KRISTOFFER ILAGAN<br>3734 Karlin Ave   |  |  | Schedule D, line 2.2  |
|  | Norfolk, VA 23502  |  |  | ☐ Schedule E/F, line  |
|  |  |  |  | ☐ Schedule G<br>Ford Credit   |
|  |  |  |  |   |
|  |  |  |  |   |
| 3.2                                    | KRISTOFFER ILAGAN  |  |  | ☐ Schedule D, line  |
|  | 3734 Karlin Ave  |  |  | ■ Schedule E/F, line 4.5  |
|  | Norfolk, VA 23502  |  |  | ☐ Schedule G  |
|  |  |  |  | Eric Scholer  |

Case 18-74429 Doc 1 Filed 12/17/18 Entered 12/17/18 16:42:29 Desc Main Document Page 32 of 66

| Debtor 1 | Mitzi Jo Ilagan   | Case number (if known)   |
|----------|---|--|
|          | Additional Page to List More Codebtors                    |  |
|          | Column 1: Your codebtor                                   | Column 2: The creditor to whom you owe the debt Check all schedules that apply:              |
| 3.3      | KRISTOFFER ILAGAN<br>3734 Karlin Ave<br>Norfolk, VA 23502 | ■ Schedule D, line2.3<br>□ Schedule E/F, line<br>□ Schedule G<br>PennyMac Loan Services, LLC |

# Case 18-74429 Doc 1 Filed 12/17/18 Entered 12/17/18 16:42:29 Desc Main Document Page 33 of 66

| Del                            | in this information to identify your c   |  |   |                    |  |  |
|--------------------------------|--|--|---|--------------------|--|--|
| שט                             | otor 1 Mitzi Jo Ilag   | an   |   |                    |  |  |
|                                | otor 2<br>ouse, if filing)   |  |   |                    |  |  |
| Uni                            | ted States Bankruptcy Court for the  | EASTERN DISTRICT DIVISION  | OF VIRGINIA- NORFOL   | _K                 |  |  |
|                                | se number  |  |   |                    | heck if this is:  An amended filing  A supplement showing  13 income as of the fol |  |
| O.                             | fficial Form 106I  |  |   |                    |  | lowing date.                                   |
|                                | chedule I: Your Inc  | ome  |   |                    | MM / DD/ YYYY  | 12/1   |
| spo<br>atta                    | plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  The describe Employment      | ır spouse is not filing wi   | ith you, do not include   | information ab     | out your spouse. If mo   | re space is needed,                            |
| 1.                             | Fill in your employment information.   |  | Debtor 1  |                    | Debtor 2 or non-fili   | ng spouse                                      |
|                                | If you have more than one job,   | Employment status  | ■ Employed  |                    | ☐ Employed   |  |
|                                | attach a separate page with information about additional   | Employment status  | ☐ Not employed  |                    | ☐ Not employed   |  |
|                                | employers.   | Occupation   | Senior Logistician  |                    |  |  |
|                                | Include part-time, seasonal, or self-employed work.  | Employer's name  | Indus Technology  | Inc                | _  |  |
|                                | Occupation may include student or homemaker, if it applies.  | Employer's address   | 2243 San Diego Av<br>San Diego, CA 921                              |                    |  |  |
|                                |  |  |   |                    |  |  |
|                                |  | How long employed to   | here? 4 Years   |                    |  |  |
| Par                            | t 2: Give Details About Mo   | • • •  | here? 4 Years   |                    |  |  |
| Esti                           | Give Details About Mormate monthly income as of the duse unless you are separated.   | nthly Income   |   | rt for any line, v | vrite \$0 in the space. Incl   | ude your non-filing                            |
| Esti<br>spou                   | mate monthly income as of the d  | ate you file this form. If   | you have nothing to repo  | ,                  | •  | , ,  |
| Esti<br>spou                   | mate monthly income as of the duse unless you are separated.  u or your non-filing spouse have me                                    | ate you file this form. If   | you have nothing to repo  | or all employers   | for that person on the lin  Debtor 1 For Deb                                       | es below. If you need                          |
| Esti<br>spou                   | mate monthly income as of the duse unless you are separated.  u or your non-filing spouse have me                                    | ate you file this form. If your than one employer, countries form.  ry, and commissions (b                             | you have nothing to reponent the information for effore all payroll | or all employers   | for that person on the lin  Debtor 1 For Deb                                       | es below. If you need                          |
| Esti<br>spou<br>If you<br>more | mate monthly income as of the duse unless you are separated.  u or your non-filing spouse have mee space, attach a separate sheet to | ate you file this form. If your than one employer, countries form.  Ty, and commissions (becalculate what the monthle) | you have nothing to reponent the information for effore all payroll | or all employers   | for that person on the lin  Debtor 1  For Deb  non-filin                           | es below. If you need<br>tor 2 or<br>ng spouse |

## Case 18-74429 Doc 1 Filed 12/17/18 Entered 12/17/18 16:42:29 Desc Main Document Page 34 of 66

| Debt | tor 1                           | Mitzi Jo Ilagan  | _   | Case r                     | number (if known)   |                                       |   |                  |
|------|---------------------------------|--|---|----------------------------|---|---------------------------------------|---|------------------|
|      | Con                             | y line 4 here  | 4.  | For<br>\$                  | Debtor 1<br>8,359.52  |                                       | Debtor 2 or<br>-filing spouse<br>N/A          |                  |
| _    | ·                               |  | ٠.  | Ψ                          | 0,333.32  | Ψ                                     | IVA   | _                |
| 5.   | 5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h. | all payroll deductions:  Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues Other deductions. Specify: | 5a.<br>5b.<br>5c.<br>5d.<br>5e.<br>5f.<br>5g. | \$<br>\$<br>\$<br>\$<br>\$ | 2,023.84<br>0.00<br>0.00<br>0.00<br>31.36<br>0.00<br>0.00<br>0.00 | * * * * * * * * * * * * * * * * * * * | N/A<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A | -<br>-<br>-<br>- |
| 6.   |                                 | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | — <sup>311.∓</sup><br>6.                      | \$                         | 2,055.20  | τΨ <u>—</u><br>\$                     | N/A   | _                |
| 7.   |                                 | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.  | \$                         | 6,304.32  | \$                                    | N/A   | -                |
| 8.   | List<br>8a.                     | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.            | 8a.   | \$                         | 0.00  | \$                                    | N/A   | -                |
|      | 8b.                             | Interest and dividends   | 8b.   | \$                         | 0.00  | \$                                    | N/A   |                  |
|      | 8c.                             | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | 8c.   | \$                         | 1,250.00  | \$                                    | N/A   | -                |
|      | 8d.                             | Unemployment compensation  | 8d.   | \$                         | 0.00  | \$                                    | N/A   | _                |
|      | 8e.<br>8f.                      | Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:    | 8e.<br>8f.                                    | \$<br>\$                   | 0.00  | \$<br>\$                              | N/A   | -                |
|      | 8g.                             | Pension or retirement income   | <br>8g.                                       | \$                         | 0.00  | \$                                    | N/A   | _                |
|      | 8h.                             | Other monthly income. Specify: Federal and State Tax Refunds Amortized   | 8h.+  | · —                        |   | + \$                                  | N/A   | _                |
|      |                                 | Amortized Bonus  | _   | \$                         | 29.16   | \$                                    | N/A   | _                |
| 9.   | Add                             | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.  | \$                         | 1,357.70  | \$                                    | N//   | <b>A</b>         |
| 10.  |                                 | tulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10. \$  | 7                          | 7,662.02 + \$_  |                                       | <b>N/A</b> = \$                               | 7,662.02         |
| 11.  | Inclu<br>othe                   | e all other regular contributions to the expenses that you list in Schedule ade contributions from an unmarried partner, members of your household, your refriends or relatives. Not include any amounts already included in lines 2-10 or amounts that are not scify:                     | depen   | ,                          | •   | •                                     | Schedule J.<br>11. +\$                        | 0.00             |
| 12.  |                                 | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies  |   |                            |   |                                       | 12. \$  | 7,662.02         |
| 13.  | Do y                            | ou expect an increase or decrease within the year after you file this form   | ?   |                            |   |                                       | Combi<br>monthl                               | ned<br>y income  |
|      |                                 | No. Yes. Explain: Debtor is seperated from spouse. Joint taxes we therefore 65% of tax refund was apportioned to h   |   | d for                      | 2017. Debtor  | made                                  | 65% of incon                                  | пе               |
|      |                                 | mererore 00% or tax returns was apportioned to r   | .61.  |                            |   |                                       |   |                  |

## Case 18-74429 Doc 1 Filed 12/17/18 Entered 12/17/18 16:42:29 Desc Main Document Page 35 of 66

| Fill      | in this informa                            | ation to identify yo                                  | our case:                |  |   |             |                   |   |
|-----------|--|---|--------------------------|--|---|-------------|-------------------|---|
| Deb       | tor 1                                      | Mitzi Jo Ilaga  | an                       |  |   | Ch          | eck if this is:   |   |
| Dob       | otor 2                                     |   |                          |  |   |             | An amended filing | vina postpotition shorter                     |
|           | ouse, if filing)                           |   |                          |  |   |             |                   | wing postpetition chapter the following date: |
| Unit      | ed States Bankı                            | ruptcy Court for the                                  | : EASTE                  | RN DISTRICT OF VIRGIN<br>DN                                  | IA- NORFOLK                             |             | MM / DD / YYYY    |   |
|           | e number<br>nown)                          |   |                          |  |   |             |                   |   |
| Of        | fficial Fo                                 | orm 106J  |                          |  |   | I           |                   |   |
|           |  | J: Your   |                          |  |   |             |                   | 12/1  |
| info      | ormation. If manual manual meteor (if know | nore space is ne<br>n). Answer ever                   | eded, atta<br>ry questio | . If two married people ar<br>ch another sheet to this<br>n. |   |             |                   |   |
| Par<br>1. | t 1: Desci<br>Is this a joir               | ribe Your House<br>nt case?                           | hold                     |  |   |             |                   |   |
|           | ■ No. Go to                                | o line 2.   | in a separ               | ate household?   |   |             |                   |   |
|           | □ N<br>□ Y                                 | · <del>-</del>  | st file Offici           | al Form 106J-2, <i>Expense</i> s                             | for Separate House                      | ehold of De | ebtor 2.          |   |
| 2.        | Do you hav                                 | e dependents?   | □No                      |  |   |             |                   |   |
|           | Do not list D<br>Debtor 2.                 | ebtor 1 and   | ■ Yes.                   | Fill out this information for each dependent                 | Dependent's relati<br>Debtor 1 or Debto |             | Dependent's age   | Does dependent live with you?                 |
|           | Do not state dependents                    |   |                          |  | Daughter                                |             | 6                 | □ No ■ Yes                                    |
|           |  |   |                          |  |   |             |                   | □ No  |
|           |  |   |                          |  | Daughter                                |             | 16                | Yes   |
|           |  |   |                          |  |   |             |                   | □ No<br>□ Yes                                 |
|           |  |   |                          |  | -                                       |             |                   | □ No  |
|           |  |   |                          |  |   |             |                   | ☐ Yes   |
| 3.        | expenses o                                 | penses include<br>of people other t<br>d your depende | han $_{oxdotsim}$        | No<br>Yes  |   |             |                   |   |
| Par       |  | ate Your Ongoi  |                          |  |   |             |                   |   |
| exp       |  | a date after the                                      |                          | uptcy filing date unless y<br>y is filed. If this is a supp  |   |             |                   |   |
| the       |  | h assistance an                                       |                          | government assistance i<br>luded it on <i>Schedule I:</i> )  |   |             | Your exp          | enses   |
| (011      | ilolai i Oilli i i                         | , oi.,  |                          |  |   |             |                   |   |
| 4.        |  | or home owners<br>and any rent for th                 |                          | ses for your residence. In<br>triot.                         | nclude first mortgage                   | e<br>4.     | \$                | 1,950.00                                      |
|           | If not include                             | ded in line 4:  |                          |  |   |             |                   |   |
|           | 4a. Real e                                 | estate taxes  |                          |  |   | 4a.         | \$                | 0.00  |
|           | •  | erty, homeowner's                                     |                          |  |   | 4b.         | \$                | 20.00   |
|           |  |   |                          | ıpkeep expenses  |   | 4c.         | ·                 | 10.00   |
| 5         |  | owner's associat                                      |                          | dominium dues<br>our residence, such as ho                   | mo oquity loops                         | 4d.<br>5    | ·                 | 0.00  |

## Case 18-74429 Doc 1 Filed 12/17/18 Entered 12/17/18 16:42:29 Desc Main Document Page 36 of 66

| Debtor        | 1 Mitzi Jo Ilagan  | Case num | ber (if known)                        |          |
|---------------|--|----------|---------------------------------------|----------|
| 5. U          | ilities:   |          |                                       |          |
| 6             |  | 6a.      | \$                                    | 250.00   |
| 6             | •  | 6b.      | \$                                    | 98.00    |
| 60            | Telephone, cell phone, Internet, satellite, and cable services                     | 6c.      | \$                                    | 122.00   |
| 60            |  | 6d.      | \$                                    | 179.00   |
| . F           | ood and housekeeping supplies  |          | \$                                    | 800.00   |
|               | nildcare and children's education costs  | 8.       | \$                                    | 318.00   |
| . с           | othing, laundry, and dry cleaning  | 9.       | \$                                    | 250.00   |
|               | ersonal care products and services   | 10.      | \$                                    | 250.00   |
|               | edical and dental expenses   | 11.      |                                       | 150.00   |
|               | ansportation. Include gas, maintenance, bus or train fare.                         |          | ·                                     |          |
|               | o not include car payments.  | 12.      | \$                                    | 250.00   |
| 3. <b>E</b>   | ntertainment, clubs, recreation, newspapers, magazines, and books                  | 13.      | \$                                    | 250.00   |
| 4. C          | naritable contributions and religious donations                                    | 14.      | \$                                    | 10.00    |
| 5. <b>In</b>  | surance.   |          |                                       |          |
| D             | o not include insurance deducted from your pay or included in lines 4 or 20.       |          |                                       |          |
| 1             | a. Life insurance  | 15a.     | \$                                    | 0.00     |
| 15            | b. Health insurance  | 15b.     | \$                                    | 0.00     |
| 1             | ic. Vehicle insurance  | 15c.     | \$                                    | 125.00   |
| 1             | id. Other insurance. Specify: <b>Dental Insurance</b>                              | 15d.     | \$                                    | 70.00    |
| 6. <b>T</b> a | ixes. Do not include taxes deducted from your pay or included in lines 4 or 20.    |          |                                       |          |
| S             | pecify: Personal Property Taxes  | 16.      | \$                                    | 50.00    |
| 7. In         | stallment or lease payments:   |          |                                       |          |
| 17            | a. Car payments for Vehicle 1  | 17a.     | \$                                    | 0.00     |
| 17            | b. Car payments for Vehicle 2  | 17b.     | \$                                    | 0.00     |
| 17            | c. Other. Specify: Gym Membership Contract   | 17c.     | \$                                    | 74.00    |
|               | d. Other. Specify:   | 17d.     | \$                                    | 0.00     |
|               | our payments of alimony, maintenance, and support that you did not report as       | —<br>18. | •                                     | 0.00     |
|               | educted from your pay on line 5, Schedule I, Your Income (Official Form 106I).     | 10.      |                                       |          |
|               | ther payments you make to support others who do not live with you.                 | 19.      | \$                                    | 0.00     |
|               | ther real property expenses not included in lines 4 or 5 of this form or on Sched  |          | our Income.                           |          |
|               | a. Mortgages on other property   | 20a.     |                                       | 0.00     |
|               | b. Real estate taxes   | 20b.     | \$                                    | 0.00     |
|               | c. Property, homeowner's, or renter's insurance                                    | 20c.     |                                       | 0.00     |
|               | d. Maintenance, repair, and upkeep expenses  | 20d.     | · -                                   | 0.00     |
|               | e. Homeowner's association or condominium dues                                     | 20e.     |                                       | 0.00     |
|               | cher: Specify: DMV License and Registration  |          | +\$                                   | 10.00    |
|               | -  |          | +\$                                   |          |
|               | et Expenses  |          | · · · · · · · · · · · · · · · · · · · | 150.00   |
| _             | chool Supplies & Activities  | _        | +\$<br>+\$                            | 150.00   |
|               | chool Lunches  | _        | *                                     | 160.00   |
|               | iscellaneous Expense   | _        | +\$                                   | 766.00   |
| _A            | ttorneys Fees (estimated)  |          | +\$                                   | 350.00   |
| 2. C          | alculate your monthly expenses   |          |                                       |          |
|               | a. Add lines 4 through 21.   |          | \$                                    | 6,812.00 |
|               | b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 |          | \$                                    |          |
|               | cc. Add line 22a and 22b. The result is your monthly expenses.                     |          | \$                                    | 6,812.00 |
|               |  |          |                                       | 0,012.00 |
|               | alculate your monthly net income.  |          |                                       |          |
| 23            | a. Copy line 12 (your combined monthly income) from Schedule I.                    | 23a.     | \$                                    | 7,662.02 |
|               | b. Copy your monthly expenses from line 22c above.                                 | 23b.     | -\$                                   | 6,812.00 |
|               |  |          |                                       |          |
| 23            | c. Subtract your monthly expenses from your monthly income.                        |          |                                       |          |

Case 18-74429 Doc 1 Filed 12/17/18 Entered 12/17/18 16:42:29 Desc Main Page 37 of 66 Document

| Debte | or 1   | Mitzi Jo Ilagan   | Case number (if known)                                    |
|-------|--------|---|---|
|       | For ex | you expect an increase or decrease in your expenses within the xample, do you expect to finish paying for your car loan within the year or do y fication to the terms of your mortgage? |   |
|       | ■ Ye   | es. Explain here: Debtor is going through a divorce   | . She anticipates having to get health insurance once the |

Explain here: Debtor is going through a divorce. She anticipates having to get health insurance once the divorce is final. Date of Separation August 2018.

Debtor is required to dress business professional for her employment. Per her employment Debtor entertains clients. This expense is reflected in her entertainment expense.

Debtor is short selling the primary residence. She has signed a lease for a rental. Line 4 represents her rental expense.

## Case 18-74429 Doc 1 Filed 12/17/18 Entered 12/17/18 16:42:29 Desc Main Document Page 38 of 66

|                                 |  |  |                             |                       | •   |  |  |  |
|---------------------------------|--|--|-----------------------------|-----------------------|---|--|--|--|
| Fill in this info               | rmation to identify your   | case:                                    |                             |                       |   |  |  |  |
| Debtor 1                        | Mitzi Jo Ilagan  |  |                             |                       |   |  |  |  |
|                                 | First Name   | Middle Name                              | Last Name                   |                       |   |  |  |  |
| Debtor 2<br>(Spouse if, filing) | First Name   | Middle Name                              | Last Name                   |                       |   |  |  |  |
| (Spouse II, IIIIIIg)            | i iist ivaille   | Wildule Name                             | Last Ivallie                |                       |   |  |  |  |
| United States B                 | Sankruptcy Court for the:  | EASTERN DISTRICT (                       | OF VIRGINIA- NORFOLK [      | DIVISION              |   |  |  |  |
| Case number                     |  |  |                             |                       |   |  |  |  |
| (if known)                      |  |  |                             |                       | ☐ Check if this is an   |  |  |  |
|                                 |  |  |                             |                       | amended filing  |  |  |  |
|                                 |  |  |                             |                       |   |  |  |  |
|                                 |  |  |                             |                       |   |  |  |  |
| Official For                    | m 106Dec   |  |                             |                       |   |  |  |  |
| Declara                         | tion About a   | n Individual                             | Debtor's Sc                 | hedules               | 12/15   |  |  |  |
| Doolara                         | tion About a   | - III III III II II II II II II II II II | DODIOI O OO                 | Tiodaico              | 12/13   |  |  |  |
| If two married p                | people are filing together   | . both are equally respo                 | onsible for supplying corr  | rect information.     |   |  |  |  |
| ·                               |  |  |                             |                       |   |  |  |  |
|                                 |  |  |                             |                       | tement, concealing property, or 000, or imprisonment for up to 20 |  |  |  |
|                                 | 18 U.S.C. §§ 152, 1341, 1  |  | Krupicy case can result ii  | n lines up to \$250,0 | oo, or imprisonment for up to 20                                  |  |  |  |
| •                               | <b>33</b> , ,  | ,  |                             |                       |   |  |  |  |
|                                 |  |  |                             |                       |   |  |  |  |
| Sig                             | gn Below   |  |                             |                       |   |  |  |  |
|                                 |  |  |                             |                       |   |  |  |  |
| Did you p                       | ay or agree to pay some  | one who is NOT an atto                   | rney to help you fill out b | ankruptcy forms?      |   |  |  |  |
| — Na                            |  |  |                             |                       |   |  |  |  |
| ■ No                            |  |  |                             |                       |   |  |  |  |
| ☐ Yes.                          | Name of person   |  |                             |                       | nkruptcy Petition Preparer's Notice,                              |  |  |  |
|                                 |  |  |                             | Declaratio            | on, and Signature (Official Form 119)                             |  |  |  |
|                                 |  |  |                             |                       |   |  |  |  |
|                                 | Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and |  |                             |                       |   |  |  |  |
| that they a                     | re true and correct.   |  |                             |                       |   |  |  |  |
|                                 |  |  |                             |                       |   |  |  |  |

X /s/ Mitzi Jo Ilagan Mitzi Jo Ilagan

Signature of Debtor 1

Date **December 17, 2018** 

Signature of Debtor 2

Date

## Case 18-74429 Doc 1 Filed 12/17/18 Entered 12/17/18 16:42:29 Desc Main Document Page 39 of 66

|               |   | nation to identify you                       | r case:  |   |  |   |
|---------------|---|--|--|---|--|---|
| Deb           | otor 1  | Mitzi Jo Ilagan First Name                   | Middle Name  | Last Name   |  |   |
|               | otor 2  | First Name                                   | Middle Nome  | Loot Name   |  |   |
| ` `           | use if, filing)                               | First Name                                   | Middle Name  | Last Name   | 101011                                     |   |
| Unit          | ted States Bar                                | nkruptcy Court for the:                      | EASTERN DISTRICT OF  | VIRGINIA- NORFOLK DIV                                 | ISION                                      |   |
| Cas<br>(if kn | se number                                     |  |  |   |  | Check if this is an amended filing                    |
|               | ficial Fo                                     | _  | Affairs for Individ  | duals Filing for I                                    | Bankruptcy                                 | 4/1   |
| info          | rmation. If m ber (if knowr                   | ore space is needed,<br>n). Answer every que |  | this form. On the top of a                            |  |   |
| Par           | t 1: Give D                                   | etails About Your Ma                         | arital Status and Where You  | Lived Before  |  |   |
| 1.            | What is your                                  | current marital statu                        | is?  |   |  |   |
|               | <ul><li>■ Married</li><li>□ Not mar</li></ul> | ried   |  |   |  |   |
| 2.            | During the la                                 | ast 3 years, have you                        | lived anywhere other than  | where you live now?                                   |  |   |
|               | □ No  |  |  |   |  |   |
|               | _   | t all of the places you I                    | ived in the last 3 years. Do no  | ot include where you live no                          | w.   |   |
|               | Debtor 1 Pr                                   | ior Address:                                 | Dates Debtor 1 lived there   | Debtor 2 Prior A                                      | ddress:                                    | Dates Debtor 2<br>lived there                         |
|               | 1315 Saipa<br>Coronado                        |  | From-To:<br><b>6/1/2009-12/27</b>  | Same as Debtor  | 1  | ☐ Same as Debtor 1 From-To:                           |
|               | es and territori  No Yes. Ma                  | es include Árizona, Ca                       | ver live with a spouse or leg<br>lifornia, Idaho, Louisiana, Ne<br>medule H: Your Codebtors (Of<br>Ir Income | vada, New Mexico, Puerto I                            |  |   |
| 4.            |   |  | nployment or from operatin<br>u received from all jobs and a   |   |  | lendar years?   |
|               |   |  | have income that you receive   |   |  |   |
|               | <ul><li>□ No</li><li>■ Yes. Fill</li></ul>    | in the details.                              |  |   |  |   |
|               |   |  | Debtor 1   |   | Debtor 2                                   |   |
|               |   |  | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions) |
|               |   | of current year until<br>d for bankruptcy:   | ■ Wages, commissions, bonuses, tips  | \$95,632.30   | ☐ Wages, commissions, bonuses, tips        |   |
|               |   |  | ☐ Operating a business   |   | ☐ Operating a business                     |   |

Official Form 107

Doc 1 Filed 12/17/18 Entered 12/17/18 16:42:29 Desc Main Case 18-74429 Page 40 of 66
Case number (if known)

Document Debtor 1 Mitzi Jo Ilagan

| Debtor 1   Sources of income   Chock all that apply.   Sources of income   Check all that apply.   Sources all all appoints   Sources of income   Check all that apply.   Sources all all all appoints   Sources all all appoints   Sources all all appoints   Sources all all appoints   Sources all all all all all appoints   Sources all all all all all all all all all al  |           |   |   |   |  |  |   |   |  |   |
|--|-----------|---|---|---|--|--|---|---|--|---|
| Check all that apply.  |           |   |   |   | Debtor 1   |  |   | Debtor 2  |  |   |
| Clanuary 1 to December 31, 2017   Departing a business   December 31, 2016   December 31, 2016   December 31, 2016   Departing a business   Sp3,216.23   December 31, 2016   December 31, 2016   Departing a business   December 31, 2016   December 31, 2017   December 31, 2016   December 31, 2016   December 31, 2017   December 31, 2016   December 31,    |           |   |   |   |  | (befor   | e deductions and  |   |  | (before deductions                          |
| For the calendar year before that: (January 1 to December 31, 2016)    Operating a business   Say, 216.23   Wages, commissions, bonuses, tips   Operating a business   |           |   |   | 31, 2017 )  |  | ons,   | \$96,894.58   |   | nissions,  |   |
| Clanuary 1 to December 31, 2016   December 31, 2016   Donuses, tips   Donuses   Donuses   Donuses   Donuses   Donuses   Donuses   Donuses   Donuses   Donuses, tips   Donuses   Donuses, tips   Donuses   Donuses, tips   Do   |           |   |   |   | Operating a busin  | iess   |   | ☐ Operating a b   | ousiness   |   |
| 5. Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony, child support; Social Security, unemployment, and other public benefit payments; persions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.  List each source and the gross income from each source separately. Do not include income that you listed in line 4.  No  Pess: Fill in the details.  Debtor 1 Sources of income Describe below.  Child Support  Child Support  Child Support  Standard year:  (January 1 of current year until the date you filled for bankruptcy:  Child Support  Standard year:  (January 1 to December 31, 2017)  Child Support  Standard year before that:  (January 1 to December 31, 2016)  Child Support  Standard year before that:  (January 1 to December 31, 2016)  Child Support  Standard year before that:  (January 1 to December 31, 2016)  Child Support  Standard year before that:  (January 1 to December 31, 2016)  Child Support  Standard year before that:  (January 1 to December 31, 2016)  Child Support  Standard year before that:  (January 1 to December 31, 2016)  Child Support  Standard year before that:  (January 1 to December 31, 2016)  Child Support  Standard year before that:  (January 1 to December 31, 2016)  Child Support  Standard year before that:  (January 1 to December 31, 2016)  Child Support  Standard year before that:  (January 1 to December 31, 2016)  Child Support  Standard year before that:  (January 1 to December 31, 2016)  Child Support  Standard year before that:  (January 1 to December 31, 2016)  Child Support  Standard year before that:  (January 1 to December 31, 2016)  Child Support  Standard year before that:  (January 1 to December 31, 2016)  Standard year before that:  (January 1 to December 31, 2016)  Child Suppo |           |   |   |   | •  | ons,   | \$93,216.23   |   | nissions,  |   |
| Include income regardless of whether that income is taxable. Examples of other income are alimony; child support. Social Security, unemployment, and other public benefit payments, pensions; rental income; interest, dividends; money collected from lawsuits; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.  List each source and the gross income from each source separately. Do not include income that you listed in line 4.    No  |           |   |   |   | Operating a busin  | iess   |   | ☐ Operating a b   | ousiness   |   |
| Sources of income Describe below.    Cross income Each source   Chefore deductions and exclusions  | э.        | Include in and other winnings.  List each | come regard<br>public bene<br>If you are fili<br>source and t                           | lless of wheth<br>fit payments;<br>ing a joint cas<br>he gross inco   | er that income is taxab<br>pensions; rental incom<br>e and you have incom  | ole. Examples of<br>le; interest; divid<br>e that you recei  | f other income are a<br>dends; money collect<br>ved together, list it o   | alimony; child suppo<br>sted from lawsuits; r<br>only once under Del                          | oyalties; an<br>btor 1.                                |   |
| For last calendar year: (January 1 to December 31, 2017)  For the calendar year before that: (January 1 to December 31, 2016)  Child Support  \$7,368.00  Fart 3: List Certain Payments You Made Before You Filed for Bankruptcy  S. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?  No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."  During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?  No. Go to line 7.  Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments to an attorney for this bankruptcy case.  * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.  Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.  During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?  No. Go to line 7.  Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.  During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?  No. Go to line 7.  Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.  Creditor's Name and Address  Dates of payment  Total amount  Amount you  Was this payment for   |           |   |   |   | Sources of income  | each<br>(befor   | source<br>e deductions and  | Sources of inco   | ome  | (before deductions                          |
| Child Support   \$7,368.00   |           |   |   |   | Child Support  |  | \$10,558.00   |   |  |   |
| List Certain Payments You Made Before You Filed for Bankruptcy   Society   |           |   |   | 31, 2017 )  | Child Support  |  | \$7,368.00  |   |  |   |
| Are either Debtor 1's or Debtor 2's debts primarily consumer debts?  No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."  During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?  No. Go to line 7.  Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.  * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.  Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.  During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?  No. Go to line 7.  Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.  Creditor's Name and Address  Dates of payment  Total amount  Amount you  Was this payment for   |           |   |   |   | Child Support  |  | \$7,368.00  |   |  |   |
|  | Par<br>6. | Are eithe No.                             | r Debtor 1's Neither Deindividual p During the No. Yes  * Subject Debtor 1 c During the | s or Debtor 2' ebtor 1 nor D orimarily for a  90 days befor Go to line 7 List below e paid that cru not include to adjustment or Debtor 2 o 90 days befor Go to line 7 List below e include pay | s debts primarily corebtor 2 has primarily personal, family, or hore you filed for bankrup.  each creditor to whom yeditor. Do not include payments to an attorner on 4/01/19 and every responsible for bankrup.  each creditor to whom yeach creditor to wh | nsumer debts? consumer debts pusehold purpos ptcy, did you par you paid a total payments for do ey for this bankr 3 years after the consumer deb ptcy, did you par | ots. Consumer debte."  y any creditor a total of \$6,425* or more mestic support oblig uptcy case. at for cases filed on ots. y any creditor a total of \$600 or more and | in one or more payr<br>gations, such as chil<br>or after the date of<br>all of \$600 or more? | e?  ments and ti ld support a  adjustment  ou paid tha | ne total amount you<br>nd alimony. Also, do |
|  |           | Creditor                                  | 's Name and   | d Address   | Dates of   | payment  |   |   | Was this p   | payment for                                 |

Case 18-74429 Doc 1 Filed 12/17/18 Entered 12/17/18 16:42:29 Desc Main

Page 41 of 66
Case number (if known) Document Debtor 1 Mitzi Jo Ilagan

|     | Creditor's Name and Address   | Dates of payment   | Total amount paid                                | Amount you still owe | Was this pa   | yment for  |
|-----|---|--|--|----------------------|---|--|
|     | Drivetime/Bridgecrest<br>7300 E HAMPTON AVE STE<br>Mesa, AZ 85209   | 10/2018; 11/2018;<br>12/2018                                 | \$1,536.00                                       | \$20,527.10          | ☐ Mortgage ■ Car ☐ Credit Ca ☐ Loan Rep ☐ Suppliers ☐ Other | rd<br>payment                                      |
| 7.  | Within 1 year before you filed for bankrupto<br>Insiders include your relatives; any general pa<br>of which you are an officer, director, person in<br>a business you operate as a sole proprietor. 1<br>alimony. | rtners; relatives of any gen-<br>control, or owner of 20% of | eral partners; partner<br>r more of their voting | erships of which you | u are a genera<br>ny managing a                             | I partner; corporations<br>gent, including one for |
|     | ■ No  |  |  |                      |   |  |
|     | Yes. List all payments to an insider.   |  |  |                      |   |  |
|     | Insider's Name and Address  | Dates of payment   | Total amount paid                                | Amount you still owe | Reason for  | this payment                                       |
| 8.  | Within 1 year before you filed for bankrupto insider? Include payments on debts guaranteed or cost  |  | ments or transfer a                              | any property on ac   | ccount of a de  | ebt that benefited an                              |
|     | Yes. List all payments to an insider  |  |  |                      |   |  |
|     | Insider's Name and Address  | Dates of payment   | Total amount paid                                | Amount you still owe | Reason for Include cred                                     | this payment<br>tor's name                         |
| Par | t 4: Identify Legal Actions, Repossession   | s, and Foreclosures  |  |                      |   |  |
| 9.  | Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.   |  |  |                      |   |  |
|     | Case title Case number  | Nature of the case   | Court or agency                                  |                      | Status of the   | e case   |
| 10. | Within 1 year before you filed for bankrupto Check all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below.  |  | rty repossessed, f                               | oreclosed, garnis    | hed, attached   | , seized, or levied?                               |
|     | Creditor Name and Address   | Describe the Property  |  | Date                 |   | Value of the                                       |
|     | ordinor ramo ana radi see   | Explain what happened  | l  | Juio                 |   | property   |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment becar No  Yes. Fill in the details.  |  | uding a bank or fil                              | nancial institution  | , set off any a   | mounts from your                                   |
|     | Creditor Name and Address   | Describe the action the creditor took  Date taker            |  |                      | action was  | Amount   |
|     | Navy Federal Credit Union<br>P. O. Box 3000<br>Merrifield, VA 22119   | Setoff Checking Acc<br>Last 4 digits of account n            |  | 10/20                |   | \$250.00   |

Case 18-74429 Doc 1 Filed 12/17/18 Entered 12/17/18 16:42:29 Desc Main Document Page 42 of 66 Case number (if known) Debtor 1 Mitzi Jo Ilagan 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No ☐ Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value per person the gifts Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? ■ No ☐ Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value contributed more than \$600 **Charity's Name** Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? Nο п Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of **Address** transferred or transfer was payment Email or website address made Person Who Made the Payment, if Not You Inman & Strickler, PLC **EDVA Bankruptcy Court Filing Fee-**12/17/18 \$310.00 575 Lynnhaven Parkway, # 200 \$310.00 Virginia Beach, VA 23452 12/17/18 \$500.00 Inman & Strickler, P.L.C. **Attorney Fees** 575 Lynnhaven Parkway

Suite 200

Virginia Beach, VA 23452-7350

Case 18-74429 Doc 1 Filed 12/17/18 Entered 12/17/18 16:42:29 Desc Main Page 43 of 66
Case number (if known)

Document Debtor 1 Mitzi Jo Ilagan

| Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You |   | Description and variansferred                         | value of any prope  | rty            | Date payment<br>or transfer was<br>made             | Amount of payment                             |  |  |
|--|---|---|---|----------------|---|---|--|--|
|  | ABACUS Credit Counseling<br>17337 Ventura Boulevard<br>Suite 205<br>Encino, CA 91316<br>https://www.abacuscc.org  | Mandatory Cree  | dit Counseling  |                | 12/17/18  | \$25.00                                       |  |  |
| 17.  | Within 1 year before you filed for bankruptcy<br>promised to help you deal with your credito<br>Do not include any payment or transfer that you   | rs or to make payments                                |   |                | r transfer any prope                                | rty to anyone who                             |  |  |
|  | ■ No  |   |   |                |   |   |  |  |
|  | Yes. Fill in the details.   |   |   |                |   |   |  |  |
|  | Person Who Was Paid<br>Address  | Description and variansferred                         | value of any prope  | rty            | Date payment or transfer was made                   | Amount of payment                             |  |  |
| 18.  | Within 2 years before you filed for bankrupt transferred in the ordinary course of your be include both outright transfers and transfers mainclude gifts and transfers that you have alread  No  Yes. Fill in the details.  | usiness or financial affa<br>ade as security (such as | airs?<br>the granting of a sec                              |                |   |   |  |  |
|  | Person Who Received Transfer  Description and value of  Describe any property or  |   |   |                |   | Date transfer was                             |  |  |
|  | Address  Person's relationship to you   |   |   |                | received or debts                                   | made  |  |  |
| 19.  | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro   |   | ny property to a se   | lf-settled tru | st or similar device                                | of which you are a                            |  |  |
|  | No  |   |   |                |   |   |  |  |
|  | Yes. Fill in the details.   |   |   |                |   |   |  |  |
|  | Name of trust   | Description and V                                     | Description and value of the property transferred           |                |   | Date Transfer was made                        |  |  |
| Par  | t 8: List of Certain Financial Accounts, Ins  | struments, Safe Deposi                                | t Boxes, and Stora  | ige Units      |   |   |  |  |
| 20.  | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.  No  Yes, Fill in the details. |   |   |                |   |   |  |  |
|  | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  | Last 4 digits of account number                       | J   |                | te account was<br>sed, sold,<br>ved, or<br>nsferred | Last balance<br>before closing or<br>transfer |  |  |
|  | Navy Federal Credit Union<br>P. O. Box 3000<br>Merrifield, VA 22119   | XXXX-3708   | CXX-3708  Checking  Savings  Money Market  Brokerage  Other |                | 2018  | \$0.00  |  |  |

Case 18-74429 Doc 1 Filed 12/17/18 Entered 12/17/18 16:42:29 Desc Main Page 44 of 66 Case number (if known) Document

Debtor 1 Mitzi Jo Ilagan

| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?              |  |                                       |                       |  |  |
|-----|---|--|---------------------------------------|-----------------------|--|--|
|     | No  |  |                                       |                       |  |  |
|     | Yes. Fill in the details.  Name of Financial Institution  Address (Number, Street, City, State and ZIP Code)  | Who else had access to it? Address (Number, Street, City,                  | Describe the contents                 | Do you still have it? |  |  |
|     | ,,, <u>-</u> ,  | State and ZIP Code)  |                                       |                       |  |  |
| 22. | Have you stored property in a storage unit or p   | place other than your home within 1  | year before you filed for bankruptcy  | ?                     |  |  |
|     | ■ No □ Yes. Fill in the details.  |  |                                       |                       |  |  |
|     | Name of Storage Facility  | Who else has or had access   | Describe the contents                 | Do you still          |  |  |
|     | Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  State and ZIP Code) |  |                                       |                       |  |  |
| Par | 9: Identify Property You Hold or Control for  | r Someone Else   |                                       |                       |  |  |
| 23. | Do you hold or control any property that some for someone.  | eone else owns? Include any propert  | ty you borrowed from, are storing for | , or hold in trust    |  |  |
|     | ■ No  |  |                                       |                       |  |  |
|     | Yes. Fill in the details.   |  |                                       |                       |  |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)    | Describe the property                 | Value                 |  |  |
| Par | 10: Give Details About Environmental Inform   | nation   |                                       |                       |  |  |
| For | he purpose of Part 10, the following definitions  | s apply:   |                                       |                       |  |  |
|     | Environmental law means any federal, state, o toxic substances, wastes, or material into the regulations controlling the cleanup of these su                                    | air, land, soil, surface water, ground                                     |                                       |                       |  |  |
|     | Site means any location, facility, or property at to own, operate, or utilize it, including disposa   | s defined under any environmental I  | aw, whether you now own, operate, o   | or utilize it or used |  |  |
|     | Hazardous material means anything an enviro hazardous material, pollutant, contaminant, or  |  | waste, hazardous substance, toxic s   | substance,            |  |  |
| Rep | ort all notices, releases, and proceedings that y   | you know about, regardless of when   | they occurred.                        |                       |  |  |
| 24. | Has any governmental unit notified you that yo  | ou may be liable or potentially liable                                     | under or in violation of an environme | ental law?            |  |  |
|     | ■ No □ Yes. Fill in the details.  |  |                                       |                       |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it     | Date of notice        |  |  |
| 25. | Have you notified any governmental unit of an   | y release of hazardous material?   |                                       |                       |  |  |
|     | ■ No □ Yes. Fill in the details.  |  |                                       |                       |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State and              | Environmental law, if you know it     | Date of notice        |  |  |
|     |   | ZIP Code)  |                                       |                       |  |  |

ase number (if known) Debtor 1 Mitzi Jo Ilagan 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Yes. Fill in the details. **Case Title** Nature of the case Status of the Court or agency **Case Number** Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) ■ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Employer Identification number Business Name** Address Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. **Date Issued Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Mitzi Jo Ilagan Mitzi Jo Ilagan Signature of Debtor 2 Signature of Debtor 1 Date December 17, 2018 **Date** Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? ☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Case 18-74429

Doc 1

Filed 12/17/18

Document

Entered 12/17/18 16:42:29

Page 45 of 66

Case 18-74429 Doc 1 Filed 12/17/18 Entered 12/17/18 16:42:29 Desc Main Document Page 46 of 66 United States Bankruptcy Court

### Eastern District of Virginia- Norfolk Division

| In re      | e Mitzi Jo Ilagan   | Case N   | 0.   |
|------------|---|--|--|
|            | Debtor(s)   | Chapte   | r <b>13</b>  |
|            | DISCLOSURE OF COMPENSATION OF ATT   | ORNEY FOR  | R DEBTOR   |
|            | Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I as compensation paid to me, for services rendered or to be rendered on behalf of the bankruptcy case is as follows:  |  |  |
|            | For legal services, I have agreed to accept   | \$   | 5,223.00   |
|            | Prior to the filing of this statement I have received   | \$   | 500.00   |
|            | Balance Due   | \$   | 4,723.00   |
| <b>.</b> . | \$310.00 of the filing fee has been paid.   |  |  |
|            | The source of the compensation paid to me was:  |  |  |
|            | ■ Debtor □ Other (specify)  |  |  |
|            | The source of compensation to be paid to me is:   |  |  |
|            | $\blacksquare$ Debtor $\square$ Other (specify)   |  |  |
|            | ■ I have not agreed to share the above-disclosed compensation with any other person   | n unless they are m  | embers and associates of my law firm   |
|            | ☐ I have agreed to share the above-disclosed compensation with a person or persons copy of the agreement, together with a list of the names of the people sharing in the  |  |  |
|            | In return for the above-disclosed fee, I have agreed to render legal service for all aspeca. Preparation and filing of any petition, schedules, statement of affairs and plan which be the debtor at the meeting of creditors and confirmation hearing, and | ch may be required;<br>and any adjourned<br>s compensation<br>direments of Loc<br>PLC agrees to re | hearings thereof; in this case pursuant to Local al Bankruptcy Rule present Debtor(s) throughout |
| '.         | By agreement with the debtor(s), the above-disclosed fee does not include the following   | ng services:   |  |

Representation of Debtor(s) in any adversary proceedings or appellate proceedings.

#### Entered 12/17/18 16:42:29 Case 18-74429 Doc 1 Filed 12/17/18 Desc Main Page 47 of 66 Document

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

| December 17, 2018 |  |
|-------------------|--|
| Date              |  |

/s/ Jennifer T. Langley, Esq VSB Jennifer T. Langley, Esq VSB 81454

Signature of Attorney

Name of Law Firm 575 Lynnhaven Parkway Suite 200 Virginia Beach, VA 23452-7350

Inman & Strickler, P.L.C.

757-486-7055 Fax: 757-431-0410

For use in Chapter 13 Cases where Fees Requested Not in Excess of \$5,223 (For all Cases Filed on or after 01/01/2018)

### NOTICE TO DEBTOR(S), STANDING CHAPTER 13 TRUSTEE AND UNITED STATES TRUSTEE PURSUANT TO LOCAL BANKRUPTCY RULE 2016-1(C) AND **CLERK'S CM/ECF POLICY 9**

Notice is hereby given that pursuant to Local Bankruptcy Rule 2016-1(C), you must file an objection with the court to the fees requested in this disclosure of compensation opposing said fees in their entirety, or in a specific amount, no later than the last day for filing objections to confirmation of the chapter 13 plan.

#### PROOF OF SERVICE

The undersigned hereby certifies that on this date the foregoing Notice was served upon the debtor(s), the standing Chapter 13 trustee, and U. S. trustee pursuant to Local Bankruptcy Rule 2016-1(C) and the Clerk's CM/ECF Policy 9, either electronically or in paper form (first class

**December 17, 2018** 

Date

/s/ Jennifer T. Langley, Esq VSB Jennifer T. Langley, Esq VSB 81454 Signature of Attorney

Case 18-74429 Doc 1 Filed 12/17/18 Entered 12/17/18 16:42:29 Desc Main Document Page 48 of 66

| Fill in this information to identify your case: |                          |  |  |  |  |  |
|---|--------------------------|--|--|--|--|--|
| Debtor 1  | Mitzi Jo Ilagan          |  |  |  |  |  |
| Debtor 2<br>(Spouse, if filing)                 |                          |  |  |  |  |  |
| United States B                                 | ankruptcy Court for the: | Eastern District of Virginia- Norfolk Division |  |  |  |  |
| Case number                                     |                          |  |  |  |  |  |
|   |                          |  |  |  |  |  |

| Check as directed in lines 17 and 21: |  |  |  |  |  |  |  |
|---------------------------------------|--|--|--|--|--|--|--|
|                                       | According to the calculations required by this Statement:            |  |  |  |  |  |  |
|                                       | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). |  |  |  |  |  |  |
| •                                     | 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).     |  |  |  |  |  |  |
|                                       | 3. The commitment period is 3 years.                                 |  |  |  |  |  |  |
|                                       | 4. The commitment period is 5 years.                                 |  |  |  |  |  |  |

☐ Check if this is an amended filing

#### Official Form 122C-1

# **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. □ Not married. Fill out Column A, lines 2-11. ■ Married. Fill out both Columns A and B. lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 0.00 8,417.85 payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if 0.00 0.00 Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments 932.00 0.00 you listed on line 3. 5. Net income from operating a business, Debtor 1 profession, or farm \$ 0.00 Gross receipts (before all deductions) 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 Net monthly income from a business, profession, or farm \$ 6. Net income from rental and other real property Debtor 1 0.00 \$ Gross receipts (before all deductions) -\$ 0.00 Ordinary and necessary operating expenses 0.00 0.00 Copy here -> \$ 0.00 \$ Net monthly income from rental or other real property

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Case 18-74429 Doc 1 Filed 12/17/18 Entered 12/17/18 16:42:29 Desc Main Document Page 49 of 66

Mitzi Jo Ilagan Debtor 1 Case number (if known) Column A Column B Debtor 2 or Debtor 1 non-filing spouse 0.00 0.00 7. Interest, dividends, and royalties 8. Unemployment compensation 0.00 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you\_\_\_\_\_ 0.00 For your spouse 0.00 9. Pension or retirement income. Do not include any amount received that was a 0.00 0.00 benefit under the Social Security Act. 10, Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 0.00 Total amounts from separate pages, if any. \$ 0.00 0.00 11. Calculate your total average monthly income. Add lines 2 through 10 for 9,349.85 0.00 9,349.85 each column. Then add the total for Column A to the total for Column B. Total average monthly income Part 2: **Determine How to Measure Your Deductions from Income** 12. Copy your total average monthly income from line 11. 9.349.85 13. Calculate the marital adjustment. Check one: ☐ You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. 0.00 0.00 Copy here=> 9,349.85 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 9,349.85 15a. Copy line 14 here=> Multiply line 15a by 12 (the number of months in a year). **x** 12 112,198.20

15b. The result is your current monthly income for the year for this part of the form.

Case 18-74429 Doc 1 Filed 12/17/18 Entered 12/17/18 16:42:29 Page 50 of 66 Document

Case number (if known)

Mitzi Jo Ilagan 16. Calculate the median family income that applies to you. Follow these steps: 16a. Fill in the state in which you live. VA 16b. Fill in the number of people in your household. 3 89.593.00 16c. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 17. How do the lines compare? Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 122C-2). Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above. Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4) 18. Copy your total average monthly income from line 11. 9.349.85 19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. 0.00 19a. If the marital adjustment does not apply, fill in 0 on line 19a. 9,349.85 19b. Subtract line 19a from line 18. \$ 20. Calculate your current monthly income for the year. Follow these steps: 9,349.85 20a. Copy line 19b Multiply by 12 (the number of months in a year). **x** 12 112,198.20 20b. The result is your current monthly income for the year for this part of the form 89,593.00 20c. Copy the median family income for your state and size of household from line 16c \$ 21. How do the lines compare? Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4. Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4. Part 4: By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct. X /s/ Mitzi Jo Ilagan Mitzi Jo Ilagan Signature of Debtor 1 Date December 17, 2018 MM / DD / YYYY If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Debtor 1

## Case 18-74429 Doc 1 Filed 12/17/18 Entered 12/17/18 16:42:29 Desc Main Document Page 51 of 66

| Fill in  | this information to id                            | dentify you             | иг case:  |                            |   |               |                   |           |
|----------|---|-------------------------|---|----------------------------|---|---------------|-------------------|-----------|
| Debtor   | Mitzi Jo IIa                                      | agan                    |   |                            |   |               |                   |           |
| Debtor   | · 2   |                         |   |                            |   |               |                   |           |
| (Spous   | se, if filing)                                    |                         |   |                            |   |               |                   |           |
| United   | States Bankruptcy Co                              | ourt for the:           | Eastern District of Virginia- No Division   | orfolk                     |   |               |                   |           |
| Case r   | number  |                         |   |                            |   |               |                   |           |
| (if know |   |                         |   |                            |   | Check if thi  | s is an amende    | ed filing |
| Cha      |   |                         | n of Your Disposa   |                            |   |               |                   | 04/16     |
|          | out this form, you will<br>itment Period (Officia |                         | r completed copy of <i>Chapter 1</i><br>2C-1).  | 3 Stateme                  | nt of Your Current Mo                               | onthly Incol  | ne and Calculat   | ion of    |
| space i  | is needed, attach a se                            | eparate sh              | ible. If two married people are f<br>eet to this form, Include the lin<br>I case number (if known).   |                            |   |               |                   |           |
| Part 1   | Calculate Your                                    | Deduction               | s from Your Income  |                            |   |               |                   |           |
| the      | questions in lines 6-1                            | 15. To find             | issues National and Local Sta<br>the IRS standards, go online u<br>at the bankruptcy clerk's office   | using the li               |   |               |                   |           |
| exp      | enses if they are highe                           | r than the s            | in lines 6-15 regardless of your a<br>standards. Do not include any op-<br>unts that you subtracted from you  | erating exp                | enses that you subtract                             | ted from inc  | ome in lines 5 ar |           |
| If yo    | our expenses differ from                          | n month to              | month, enter the average expens   | se.                        |   |               |                   |           |
| Note     | e: Line numbers 1-4 ar                            | e not used              | in this form. These numbers app   | ly to inform               | ation required by a sim                             | nilar form us | ed in chapter 7 c | ases.     |
| 5.       | The number of peop                                | ole used in             | determining your deductions   | from inco                  | ne  |               |                   |           |
|          |   | ny additiona            | could be claimed as exemptions<br>al dependents whom you support<br>usehold.  |                            |   |               | 3                 |           |
| Nati     | ional Standards                                   | You m                   | ust use the IRS National Standar  | rds to answ                | er the questions in line                            | s 6-7.        |                   |           |
| 6.       |   |                         | <b>is:</b> Using the number of people years of the state of th |                            | in line 5 and the IRS N                             | lational      | \$                | 1,384.00  |
| 7.       | the dollar amount for people who are 65 or        | out-of-pock<br>olderbec | wance: Using the number of pec<br>ket health care. The number of pec<br>ause older people have a higher<br>u may deduct the additional amou   | eoplé is spl<br>IRS allowa | it into two categoriesp<br>ince for health car cost | people who    | are under 65 and  | I         |

Official Form 122C-2

Case 18-74429 Doc 1 Filed 12/17/18 Entered 12/17/18 16:42:29 Desc Main

Document Page 52 of 66 Mitzi Jo Ilagan Debtor 1 Case number (if known) People who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 3 7c. Subtotal. Multiply line 7a by line 7b. 156.00 Copy here=> \$ 156.00 People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person 114 7e. Number of people who are 65 or older 0 0.00 7f. Subtotal. Multiply line 7d by line 7e. Copy here=> \$ 0.00 7g. **Total.** Add line 7c and line 7f 156.00 156.00 Copy total here=> Local Standards You must use the IRS Local Standards to answer the guestions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill 636.00 in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount 1,516.00 listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment PennyMac Loan Services, LLC 2,341.62 Copy Repeat this amount 2,341.62 2,341.62 9b. Total average monthly payment here=> on line 33a. 9c. Net mortgage or rent expense. Subtract line 9b (total average monthly payment) from line 9a (mortgage Copy 0.00 0.00 or rent expense). If this number is less than \$0, enter \$0. here=>

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

0.00

Explain why:

Case 18-74429 Doc 1 Filed 12/17/18 Entered 12/17/18 16:42:29 Desc Main Document Page 53 of 66

| Debtor 1 | Mitzi Jo Ilagan  |                 |                  | Case numb              | per (if known)    |                                    |        |
|----------|--|-----------------|------------------|------------------------|-------------------|------------------------------------|--------|
| 11.      | Local transportation expenses: Check the number of vehic   | cles for w      | nich you claim   | an owner               | ship or operating | g expense.                         |        |
|          | □ 0. Go to line 14.  |                 |                  |                        |                   |                                    |        |
|          | ☐ 1. Go to line 12.  |                 |                  |                        |                   |                                    |        |
|          | ■ 2 or more. Go to line 12.  |                 |                  |                        |                   |                                    |        |
| 12.      | Vehicle operation expense: Using the IRS Local Standards   |                 |                  |                        | •                 | •                                  | 392.00 |
| 10       | operating expenses, fill in the <i>Operating Costs</i> that apply for  | •               | ŭ                | •                      |                   |                                    |        |
| 13.      | <b>Vehicle ownership or lease expense:</b> Using the IRS Local You may not claim the expense if you do not make any loan more than two vehicles.   |                 |                  |                        |                   |                                    |        |
| Vel      | nicle 1 Describe Vehicle 1: 2016 Ford Mustang 760  | 000 mile        | s GT Conve       | rtible                 |                   |                                    |        |
| 13a.     | Ownership or leasing costs using IRS Local Standard  |                 |                  | . \$                   | 497.00            |                                    |        |
| 13b.     | Average monthly payment for all debts secured by Vehicle 1.  |                 |                  | _                      |                   |                                    |        |
|          | Do not include costs for leased vehicles.  |                 |                  |                        |                   |                                    |        |
|          | To calculate the average monthly payment here and on line are contractually due to each secured creditor in the 60 mont bankruptcy. Then divide by 60.                                     |                 |                  | at                     |                   |                                    |        |
|          | Name of each creditor for Vehicle 1  | Averag<br>payme | e monthly<br>nt  |                        |                   |                                    |        |
|          | Ford Credit  | \$              | 1,109.21         |                        |                   |                                    |        |
|          | Total Average Monthly Payment  | \$              | 1,109.21         | Copy<br>here =>        | \$1,109           | Repeat this amount on line 33b.    |        |
| 13c.     | Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if this number is less than \$0  | enter \$0       | 1                |                        |                   | Copy net<br>Vehicle 1              |        |
|          |  | , οποι φο       |                  | \$_                    | 0.00              | expense here<br>=> \$              | 0.00   |
| Vel      | nicle 2 Describe Vehicle 2: 2014 Chevy Equinox 72  | 2000 mil        | es               |                        |                   | _                                  |        |
| 13d.     | Ownership or leasing costs using IRS Local Standard  |                 |                  | . \$                   | 497.00            |                                    |        |
| 13e.     | Average monthly payment for all debts secured by Vehicle 2 leased vehicles.  | Do not in       | nclude costs fo  | or                     |                   |                                    |        |
|          | Name of each creditor for Vehicle 2  | Averag<br>payme | e monthly<br>nt  |                        |                   |                                    |        |
|          | Drivetime/Bridgecrest  | \$              | 25.61            |                        |                   |                                    |        |
|          | Total average monthly payment  | \$              | 25.61            | Copy<br>here<br>=> -\$ | 25.6              | Repeat this amount on line 33c.    |        |
| 13f.     | Net Vehicle 2 ownership or lease expense   |                 |                  |                        |                   | Copy net                           |        |
|          | Subtract line 13e from line 13d. if this number is less than \$0   | , enter \$0     |                  | \$_                    | 471.39            | Vehicle 2<br>expense here<br>=> \$ | 471.39 |
| 14.      | Public transportation expense: If you claimed 0 vehicles<br>Public Transportation expense allowance regardless of vehicles   |                 |                  |                        |                   | <br>n the<br>\$                    | 0.00   |
|          | Additional public transportation expense: If you claimed also deduct a public transportation expense, you may fill in w not claim more than the IRS Local Standard for <i>Public Trans</i> | hat you b       | elieve is the ap |                        |                   |                                    | 178.00 |

Case 18-74429 Doc 1 Filed 12/17/18 Entered 12/17/18 16:42:29 Desc Main Document Page 54 of 66

Debtor 1 Mitzi Jo Ilagan Case number (if known)

| Oth |  | addition to the expense ded following IRS categories.  | luctions listed abov   | e, you are allowed your monthly expense  | s for |          |
|-----|--|--|--|--|-------|----------|
| 16. | self-employment taxes, social s  | security taxes, and Medicard<br>ever, if you expect to receive<br>the total monthly amount th  | e taxes. You may in<br>e a tax refund, you                     | nd local taxes, such as income taxes, nclude the monthly amount withheld from must divide the expected refund by 12 y for taxes. | \$    | 2,192.49 |
| 17  | •  | •  | tions that value ish e   | aguiras quab as ratirament   | · —   |          |
| 17. | <b>Involuntary deductions:</b> The contributions, union dues, and  |  | lions that your job i  | equires, such as retirement  |       |          |
|     | Do not include amounts that ar   | e not required by your job,  | such as voluntary 4  | 01(k) contributions or payroll savings.  | \$    | 0.00     |
| 18. | Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. |  |  |  |       | 0.00     |
| 19. | Court-ordered payments: The administrative agency, such as Do not include payments on pa   | \$   | 0.00   |  |       |          |
| 20  | Education: The total monthly a   |  |  | Ğ  | _     |          |
| 20. | as a condition for your job, o   |  | deallori triat is entre  | required.  |       |          |
|     |  |  | hild if no public odu  | cation is available for similar services.  | \$    | 0.00     |
| 0.4 |  |  |  |  | Ψ_    |          |
| 21. | Do not include payments for ar   |  |  | sitting, daycare, nursery, and preschool.  | \$    | 318.00   |
| 22. |  | nd welfare of you or your de   | ependents and that   | y amount that you pay for health care is not reimbursed by insurance or paid tal entered in line 7.                              |       |          |
|     | Payments for health insurance  | or health savings accounts   | should be listed or  | nly in line 25.  | \$    | 0.00     |
| 23. | for you and your dependents, s<br>phone service, to the extent ne<br>income, if it is not reimbursed b<br>Do not include payments for ba   | t you pay for telecommunication services<br>n, special long distance, or business cell<br>your dependents or for the production of<br>ervice. Do not include self-employment<br>mount you previously deducted. | +\$  | 60.00  |       |          |
| 24. | Add all of the expenses allow<br>Add lines 6 through 23.   | ved under the IRS expens   | e allowances.  |  | \$    | 5,787.88 |
| Add | litional Expense Deductions  | These are additional ded Note: Do not include any  |  |  |       |          |
| 25. |  | nsurance, and health savi  | ings account expe  | enses. The monthly expenses for health bly necessary for yourself, your spouse, or   | or    |          |
|     | Health insurance   | \$   | 0.00   |  |       |          |
|     | Disability insurance   | \$   | 0.00   |  |       |          |
|     | Health savings account   | + \$   | 0.00   | _  |       |          |
|     | Total  |  | \$ 0.00  | Copy total here=>  | \$    | 0.00     |
|     | Do you actually spend this tota  No. How much do you   |  |  |  |       |          |
|     | Yes  | actually spend?  | \$   |  |       |          |
| 26. | Continued contributions to the continue to pay for the reasonate   | able and necessary care and<br>your immediate family who i   | amily members. The discussion of an elder is unable to pay for | ne actual monthly expenses that you will erly, chronically ill, or disabled member of such expenses. These expenses may 529A(b)  | \$    | 0.00     |
| 27. | Protection against family vio  | lence. The reasonably nece   | essary monthly exp   | enses that you incur to maintain the   |       |          |
|     | safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. By law, the court must keep the nature of these expenses confidential.   |  |  |  |       | 0.00     |

Case 18-74429 Doc 1 Filed 12/17/18 Entered 12/17/18 16:42:29 Desc Main Document Page 55 of 66

|                      | Mitzi Jo Ilagan  | Case number (if knowr  | n)   |                  |                 |                      |
|----------------------|--|--|--|------------------|-----------------|----------------------|
|                      | Additional home energy costs. Your hom line 8.   | ne energy costs are included in your insurance and operating   | g expenses   | s on             |                 |                      |
|                      | If you believe that you have home energy of 8, then fill in the excess amount of home en                                   | costs that are more than the home energy costs included in energy costs  | expenses o   | n line           |                 |                      |
|                      | You must give your case trustee document amount claimed is reasonable and necessary  | ation of your actual expenses, and you must show that the a  | additional   |                  | \$_             | 0.00                 |
|                      | Education expenses for dependent child \$160.42* per child) that you pay for your depublic elementary or secondary school. | dren who are younger than 18. The monthly expenses (no ependent children who are younger than 18 years old to atte   | t more thar<br>and a privat                              | า<br>e or        |                 |                      |
|                      | You must give your case trustee document claimed is reasonable and necessary and r   | ation of your actual expenses, and you must explain why the not already accounted for in lines 6-23.   | e amount   |                  |                 |                      |
|                      | * Subject to adjustment on 4/01/19, and evo  | ery 3 years after that for cases begun on or after the date of   | adjustmen  | ıt.              | \$_             | 320.00               |
|                      |  | he monthly amount by which your actual food and clothing $\epsilon_{\rm J}$ allowances in the IRS National Standards. That amount cas in the IRS National Standards. |  |                  |                 |                      |
|                      |  | ional allowance, go online using the link specified in the sepso be available at the bankruptcy clerk's office.  | oarate   |                  |                 |                      |
|                      | You must show that the additional amount   | claimed is reasonable and necessary.   |  |                  | \$_             | 46.00                |
|                      | Continuing charitable contributions. The instruments to a religious or charitable organizations.                           | ncial  |  |                  |                 |                      |
|                      | Do not include any amount more than 15%  | of your gross monthly income.  |  |                  | \$_             | 60.00                |
|                      | Add all of the additional expense deducted Add lines 25 through 31.  | tions.   |  |                  | \$              | 426.00               |
| Ded                  | uctions for Debt Payment   |  |  |                  |                 |                      |
| ŀ                    | pans, and other secured debt, fill in lines  | in property that you own, including home mortgages, vo. 33a through 33e. ent, add all amounts that are contractually due to each secu                                |  |                  |                 |                      |
|                      | reditor in the 60 months after you file for ba   |  |  |                  |                 |                      |
|                      | Mortgages on your home   |  |  |                  | Averaç<br>payme | ge monthly<br>ent    |
| 33a.                 | Copy line 9b here  |  |  | -                | \$              |                      |
|                      | Loans on your first two vehicles   |  |  |                  |                 | 2,341.62             |
| าวน                  | •  |  |  |                  |                 | 2,341.62             |
| SD.                  | Copy line 13b here   |  |  | => 3             | \$              | 2,341.62<br>1,109.21 |
|                      | Conviliant 12a hora  |  |  | => S<br>=> S     | \$              | 1,109.21             |
| 33b.<br>33c.<br>33d. | Copy line 13e here   |  |  |                  | \$<br>\$        |                      |
| 33c.<br>33d.         | Conviliant 12a hora  | Identify property that secures the debt in   |  | => S<br>ent<br>s | \$<br>\$        | 1,109.21             |
| 3c.<br>3d.           | Copy line 13e here List other secured debts:   | Identify property that secures the debt in   | oes payme<br>clude taxes<br>r insurance                  | => S<br>ent<br>s | \$<br>\$        | 1,109.21             |
| 3c.<br>3d.           | Copy line 13e here List other secured debts:   | Identify property that secures the debt in or  | oes payme<br>clude taxes<br>r insurance                  | => S<br>ent<br>s | \$<br>\$        | 1,109.21             |
| 3c.<br>3d.           | Copy line 13e here  List other secured debts: e of each creditor for other secured debt                                    | Identify property that secures the debt in or  | oes payme<br>clude taxes<br>r insurance<br>l No<br>l Yes | => Sent s        | \$<br>\$        | 1,109.21             |
| 3c.<br>3d.           | Copy line 13e here  List other secured debts: e of each creditor for other secured debt                                    | Identify property that secures the debt in or  | oes payme clude taxes r insurance No Yes No              | => \$ sent ss ?? |                 | 1,109.21             |
| 3c.<br>3d.           | Copy line 13e here  List other secured debts: e of each creditor for other secured debt                                    | Identify property that secures the debt in or  | oes payme clude taxes r insurance No Yes No Yes          | => Sent s        |                 | 1,109.21             |
| 33c.<br>33d.         | Copy line 13e here  List other secured debts: e of each creditor for other secured debt                                    | Identify property that secures the debt in or  | oes payme clude taxes r insurance No Yes No Yes          | => \$ sent ss ?? |                 | 1,109.21             |
| 33c.<br>33d.         | Copy line 13e here  List other secured debts: e of each creditor for other secured debt                                    | Identify property that secures the debt in or  | oes payme clude taxes r insurance No Yes No Yes No Yes   | => \$ sent ss ?? | <b>.</b>        | 1,109.21             |

Case 18-74429 Doc 1 Filed 12/17/18 Entered 12/17/18 16:42:29 Desc Main Document Page 56 of 66

Mitzi Jo Ilagan Debtor 1 Case number (if known) 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? No. Go to line 35. ☐ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Identify property that secures the debt Name of the creditor **Total cure amount** Monthly cure amount  $\div 60 = \$$ -NONE-Copy total 0.00 0.00 Total here=> 35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. No. Go to line 36. ☐ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims 0.00 ÷60 \$ 0.00 36. Projected monthly Chapter 13 plan payment 850.00 Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by 8.10 the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total 68.85 68.85 here=> \$ Average monthly administrative expense 3.545.29 37. Add all of the deductions for debt payment. Add lines 33e through 36. **Total Deductions from Income** 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS 5,787.88 expense allowances 426.00 Copy line 32, All of the additional expense deductions Copy line 37, All of the deductions for debt payment 3,545.29 9,759.17 9,759.17 Total deductions..... Copy total here=>

Case 18-74429 Doc 1 Filed 12/17/18 Entered 12/17/18 16:42:29 Desc Main Document Page 57 of 66

| Debtor 1   | Mitzi Jo Ilaga  | n   |  | Case   | numbe                    | (if known)   |                    |           |
|--|---|---|--|--|--------------------------|--|--------------------|-----------|
| Part 2:  | Determine Yo  | ur Disposable Income Under 1  | 1 U.S.C. § 1325(b)(  | 2)   |                          |  |                    |           |
|  |   | rrent monthly income from line<br>Current Monthly Income and C  |  |  |                          |  | \$                 | 9,349.85  |
| <b>chi</b><br>disa<br>rec  | ildren. The month<br>ability payments teived in accordant       | bly necessary income you rece<br>hly average of any child support  <br>for a dependent child, reported in<br>nce with applicable nonbankrupto<br>pended for such child.             | payments, foster ca<br>Part I of Form 1220                       | re payments, or<br>C-1, that you                             | \$                       | 932  | 2.00               |           |
| em<br>in 1   | ployer withheld fr  | retirement deductions. The moreom wages as contributions for quo(7) plus all required repayments C. § 362(b)(19).   | ualified retirement p  | lans, as specified   | \$_                      | (  | 0.00               |           |
| 42. <b>Tot</b>   | tal of all deducti  | ons allowed under 11 U.S.C. §   | <b>707(b)(2)(A).</b> Copy  | line 38 here=>   | \$                       | 9,759  | ).17               |           |
| exp<br>the   | penses and you heir expenses. You                               | cial circumstances. If special circumstances. If special circurative, do must give your case trustee a dedocumentation for the expenses.  | escribe the special e<br>etailed explanation o                   | circumstances and  | I                        |  |                    |           |
| Descri   | be the special c  | ircumstances  |  | Amount of exper  | nse                      |  |                    |           |
|  |   |   | \$   |  |                          |  |                    |           |
|  |   |   | \$   |  |                          |  |                    |           |
|  |   |   | \$   |  |                          |  |                    |           |
|  |   |   | Total \$   | 0.00   | Copy<br>here=            |  | 0.00               |           |
| 44. <b>To</b> t  | tal adjustments.  | Add lines 40 through 43.  |  | => \$  |                          | 10,691.17  | Copy<br>here=> -\$ | 10,691.17 |
| 45. <b>C</b> al  | -<br>   | nthly disposable income under   | · § 1325(b)(2). Subt   | ract line 44 from lir  | ne 39.                   |  | \$                 | -1,341.32 |
| hav<br>tim<br>you  | ve changed or are<br>e your case will b<br>u filed your petitio | or expenses. If the income in Formation e virtually certain to change after be open, fill in the information belon, check 122C-1 in the first colur lin when the increase occurred, | the date you filed you. For example, if non, enter line 2 in the | our bankruptcy pet<br>the wages reported<br>e second column, | ition a<br>d incre       | nd during the<br>ased after  |                    |           |
| Form   | Line  | Reason for change   |  | Date of change   |                          | ncrease or ecrease?  | Amount of cl       | nange     |
| ☐ 1220<br>☐ 1220<br>☐ 1220<br>☐ 1220<br>☐ 1220<br>☐ 1220<br>☐ 1220 | 0-2<br>0-1<br>0-2<br>0-1<br>0-2<br>0-1                          |   |  |  | _ [<br>_ [<br>_ [<br>_ [ | Increase Decrease Increase Decrease Increase Decrease Increase Decrease Decrease | \$<br>\$<br>\$     |           |

Case 18-74429 Doc 1 Filed 12/17/18 Entered 12/17/18 16:42:29 Desc Main Document Page 58 of 66

| Debtor 1 | Mitzi Jo Ilagan                                       | Case number (if known)   |
|----------|---|--|
|          |   |  |
|          |   |  |
| Part 4:  | Sign Below  |  |
| _        |   |  |
| E        | By signing here, under penalty of perjury you declare | that the information on this statement and in any attachments is true and correct. |
| X        | /s/ Mitzi Jo Ilagan                                   |  |
|          | Mitzi Jo Ilagan<br>Signature of Debtor 1              |  |
|          | December 17, 2018  MM / DD / YYYY                     |  |
|          |   |  |
|          |   |  |

Case 18-74429 Doc 1 Filed 12/17/18 Entered 12/17/18 16:42:29 Desc Main Document Page 59 of 66

Debtor 1 Mitzi Jo Ilagan Case number (if known)

#### **Current Monthly Income Details for the Debtor**

#### **Debtor Income Details:**

Income for the Period 06/01/2018 to 11/30/2018.

#### Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Wages** Year-to-Date Income:

Starting Year-to-Date Income: \$\,\begin{align\*} \\$40,945.42 & from check dated \\ \end{align\*} \frac{5/22/2018}{2018} & \text{.} \\ \text{Ending Year-to-Date Income: } \\$91,452.54 & from check dated \\ \end{align\*} \frac{11/21/2018}{21/2018} & \text{.} \\ \end{align\*}

Income for six-month period (Ending-Starting): \$50,507.12 .

Average Monthly Income: \$8,417.85 .

#### Line 4 & 40 - Child support income (including foster care and disability)

Source of Income: Child Support 6 yo

Income by Month:

| 6 Months Ago: | 06/2018            | \$0.00   |
|---------------|--------------------|----------|
| 5 Months Ago: | 07/2018            | \$0.00   |
| 4 Months Ago: | 08/2018            | \$0.00   |
| 3 Months Ago: | 09/2018            | \$636.00 |
| 2 Months Ago: | 10/2018            | \$636.00 |
| Last Month:   | 11/2018            | \$636.00 |
|               | Average per month: | \$318.00 |

#### Line 4 & 40 - Child support income (including foster care and disability)

Source of Income: **Child Support- 16 yo** Constant income of **\$614.00** per month.

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-74429 Doc 1 Filed 12/17/18 Entered 12/17/18 16:42:29 Desc Main Document Page 64 of 66

### United States Bankruptcy Court Eastern District of Virginia- Norfolk Division

|       | Eastern District of Virginia- Norioik Division  |                          |                 |         |  |  |  |
|-------|---|--------------------------|-----------------|---------|--|--|--|
| In re | Mitzi Jo Ilagan   |                          | Case No.        |         |  |  |  |
|       |   | Debtor(s)                | Chapter         | 13      |  |  |  |
|       | COVER SH  | HEET FOR LIST OF CREDITO | RS              |         |  |  |  |
|       | I hereby certify under penalt<br>submitted either on computer disket<br>for Waiver attached, or uploaded by<br>to the best of my knowledge.   |                          | le format, with | Request |  |  |  |
|       | I further acknowledge that (1) the accuracy and completeness in preparing the creditor listing are the shared responsibility of the debtor and the debtor's attorney, (2) the court will rely on the creditor listing for all mailings, and (3) that the various schedules and statements required by the Bankruptcy Rules are not used for mailing purposes. |                          |                 |         |  |  |  |
|       | Master mailing list of credit   | ors submitted via:       |                 |         |  |  |  |
|       | (a) computer diskette listing a total of creditors; or  |                          |                 |         |  |  |  |
|       | (b) scannable hard copy, with Request for Waiver attached, consisting of pages, listing a total of creditors; or  |                          |                 |         |  |  |  |
|       | (c) X uploaded via Electronic Case Filing a total of 22 creditors.  |                          |                 |         |  |  |  |
|       |   |                          |                 |         |  |  |  |
|       |   |                          |                 |         |  |  |  |
| Date: | December 17, 2018   | /s/ Mitzi Jo Ilagan      |                 |         |  |  |  |
|       |   | Mitzi Jo Ilagan          |                 |         |  |  |  |

Signature of Debtor

[Check if applicable] \_\_\_ Creditor(s) with foreign addresses included on disk/hard copy.

[diskcs ver. R-05/23/00]

AFFIRM/WAYFAIR 650 CALIFORNIA ST FL 12 SAN FRANCISCO, CA 94108

CHASE CARD 201 N. WALNUT STE DE1-1027 WILMINGTON, DE 19801

CITIZENS ONE
ONE CITIZENS PLAZA
PROVIDENCE, RI 02903

CREDIT ONE BANK, NA
P. O. BOX 60500
CITY OF INDUSTRY, CA 91716

DRIVETIME/BRIDGECREST 7300 E HAMPTON AVE STE MESA, AZ 85209

ERIC SCHOLER 8543 VERDE PARK CIRCLE LAS VEGAS, NV 89129

FIRST PREMIER BANK PO BOX 5147 SIOUX FALLS, SD 57117-5147

FORD CREDIT
PO BOX 552679
DETROIT, MI 48255-2679

KRISTOFFER ILAGAN 3734 KARLIN AVE NORFOLK, VA 23502

MILITARY STAR CREDIT 3911 S WALTON WALKER BLVD DALLAS, TX 75236

NAVY FEDERAL CREDIT UNION P. O. BOX 3000 MERRIFIELD, VA 22119

PAYPAL CREDIT SVCS/SYNCB P.O. BOX 960080 ORLANDO, FL 32896

PENNY MAC LOAN SERVICES PO BOX 660929 DALLAS, TX 75266-0929

PENNYMAC LOAN SERVICES, LLC PO BOX 514387 LOS ANGELES, CA 90051-4370

SYNBC/WALMART PO BOX 965024 ORLANDO, FL 32896

SYNCB/AMAZON PLLC PO BOX 965036 ORLANDO, FL 32896-5036

SYNCB/AMERICA EAGLE PO BOX 965036 VA 23896-5036

SYNCB/JC PENNEY PO BOX 965036 ORLANDO, FL 32896-5036

SYNCB/ZULI PO BOX 965017 ORLANDO, FL 32896

THE EXCHANGE/TAKEITHOMETODAY PO BOX 740890 CINCINNATI, OH 45274-0890

USAA 10750 MCDERMOTT FREEWAY SAN ANTONIO, TX 78288

WEBBANK/DFS 12234 N. IH 35 SB BLDG B AUSTIN, TX 78753